



Mamawetan Churchill River Health Region

Annual Report 2008-2009

Together in Wellness

www.mcrrha.sk.ca



2008 Population: 22,427

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The electronic version of this annual report may be found at:
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Letter of Transmittal

Mamawetan Churchill River Health Region



"Working together in wellness to promote, enhance and maintain quality of life."

To the Honourable Don McMorris
Minister of Health

Dear Minister McMorris:

The Mamawetan Churchill River Regional Health Authority is pleased to provide you and the residents of the health region with its 2008-09 annual report.

This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2009.

Respectfully submitted,

Joe Hordyski, Chairperson
Mamawetan Churchill River Regional Health Authority

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Who We Are

The Ministry of Health has a mandate to support Saskatchewan residents in achieving their best possible health and well-being. It establishes policy direction, sets and monitors standards, provides funding, supports regional health authorities, and ensures the provision of essential and appropriate services.

The Mamawetan Churchill River Health Region works collaboratively with the Ministry of Health and with other partners to support the more than 22,000 residents of the region, spread over a large geographical area, in achieving their best possible health and well-being.

MCCRHA Mission, Vision and Values:

The Mission, Vision and Values statement was reviewed by the Board and discussed with management and staff, resulting in the following revised statement which was officially approved in February, 2009.

Mission

Working together in wellness to promote, enhance and maintain quality of life.

External Vision

Vibrant and diverse communities, rich in northern heritage, tradition and culture.

Internal Vision

A safe, respectful environment of teamwork, learning, and continuous quality improvement, representative of the communities we serve.

Values ~ WE ACT Together

Wholistic Approach: Compassionate care, recognizing and supporting physical, mental, spiritual, social and emotional well-being.

Equity: Social justice through fair and equitable access to health services for all people.

Accountability: Having the courage to do what is right, guided by honesty, transparency, and responsibility to our stakeholders.

Competence: A commitment to the continual pursuit of excellence through gaining knowledge, implementing research based best practice guidelines and standards within an ethical framework.

Trust: Built upon respect and valuing the unique worth of each individual in our relationships, decisions and actions.

Team Approach: Working together through cooperation and recognizing each other's contributions to achieve a common goal.

Service Philosophy:

We believe that:

- All cultures, values and beliefs are meaningful and should be acknowledged (this includes cultural and spiritual beliefs).
- Each individual has unlimited potential.
- People, especially children, are our most important resources.
- All people have equal intrinsic worth.
- The family, community and environment are primary influences in the development of the individual.
- Health is an important element in the development of individual's mental, physical, social, spiritual and emotional needs.
- We need truth, honesty, respect and commitment for all in the framework of society.
- Everyone is created equal, unique and worthwhile.

Strategic Plan 2008-2011:

GOAL #1- Provide Safe and Accessible Health Services

- 1.1 Ensure patient safety is a priority in all regional health service delivery.
- 1.2 Protect clients, patients and residents from health care associated infections and from the spread of infections from/to patients, health care providers, visitors and volunteers in the health care environment.
- 1.3 Improve access to programs across the continuum of care.
- 1.4 Develop seamless client care processes.
- 1.5 Partner with Northern Medical Services to improve access to physician services.
- 1.6 Increase comprehensive services delivery to clients with complex needs.
- 1.7 Establish health region capacity for emergency preparedness and response and support community capacity building related to emergency response.

GOAL #2- Advance Community Health and Well Being

- 2.1 Promote positive lifestyle practices of the residents of the Health Region to enhance physical well being and quality of life.
- 2.2 Prevent and reduce the prevalence of substance use and abuse within the Health Region.
- 2.3 Partner with communities and other agencies in order to positively impact the social determinants of health.
- 2.4 Provide education and support in communities to prevent and reduce injury.
- 2.5 Prevent and reduce the prevalence of communicable disease.
- 2.6 Provide education and support in communities to promote mental well being.
- 2.7 Prevent and reduce exposure to environmental health risks.
- 2.8 Promote healthy early childhood and youth development.
- 2.9 Utilize research in program development and evaluation.

GOAL #3 - Recruit and Retain Competent Employees

- 3.1 Implement strategies to create a healthy, safe workplace that attracts, supports, engages and retains a competent workforce.
- 3.2 Support and engage in health sector education initiatives.

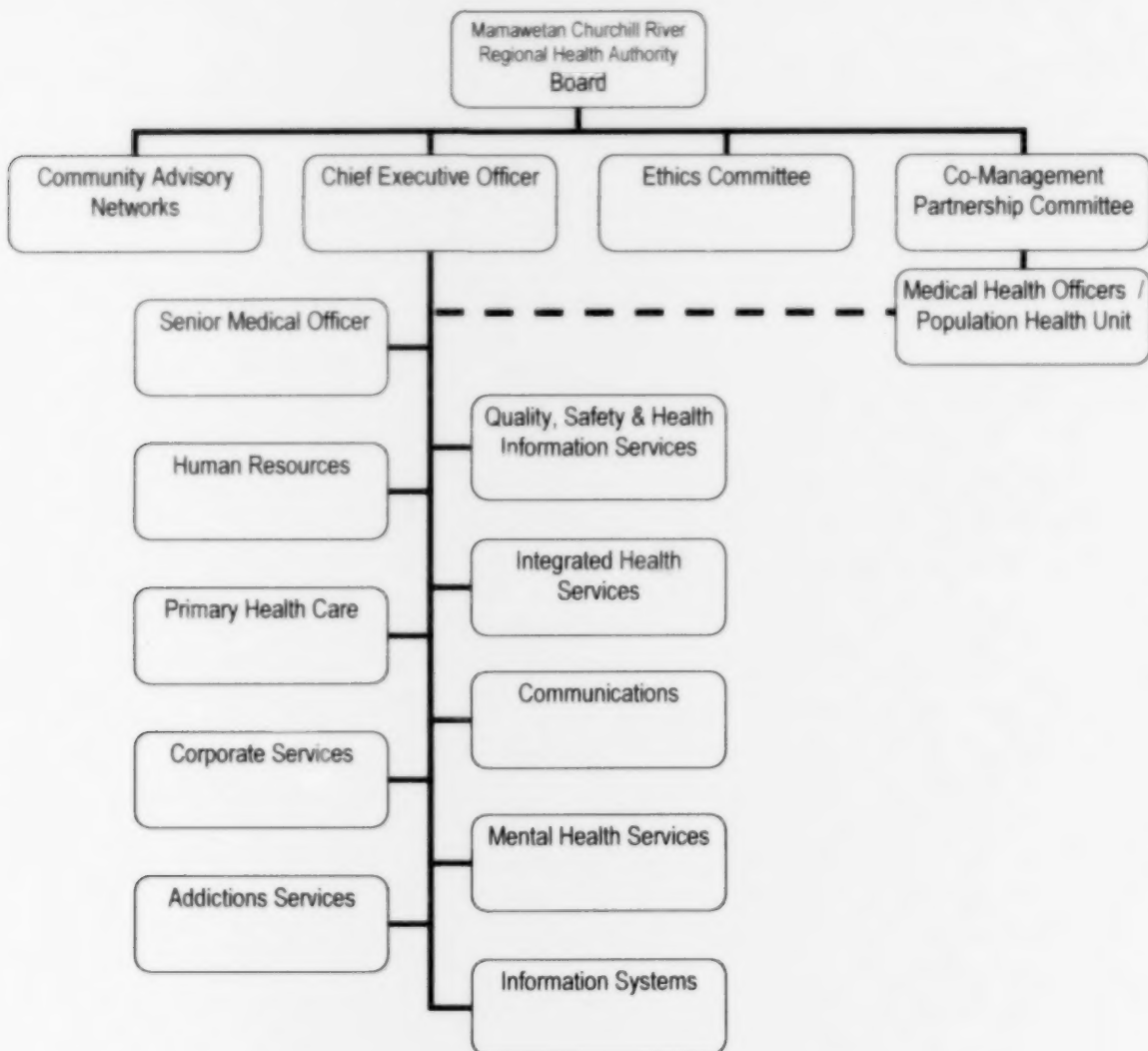
**GOAL #4 – Achieve Organizational Effectiveness
through Ongoing Organizational Development**

- 4.1 Access opportunities to participate in provincial and national forums to:
 - expand awareness of the changing face of the provincial and national health systems;
 - ensure regional goals align with provincial health system goals;
 - inform provincial and national health systems on northern realities, issues and opportunities.
- 4.2 Align organizational work plans to reflect MCRRA's Mission, Vision, Values and Philosophical Statements and Goals.
- 4.3 Develop a mechanism for effective staff engagement to achieve the MCRHR goals.
- 4.4 Achieve a financially sustainable, efficient, accountable and quality health organization.
- 4.5 Collaborate, communicate and consult with communities and partners to enhance service delivery to northern residents.
- 4.6 Effectively identify and manage risk and safety within an ethical framework.
- 4.7 Implement environmentally friendly initiatives.



Organizational Chart:

The Mamawetan Churchill River Health Region is organized utilizing a departmental model. Each program manager or director is held accountable for one or more functions.



The Executive Team is made up of the Chief Executive Officer, Kathy Chisholm, and the Directors reporting directly to her, along with the Senior Medical Officer.

The Leadership Group is made up of the Chief Executive Officer and those reporting directly to her, along with the Community Health Managers in Creighton, Pinehouse, and Sandy Bay, as well as the Director of Nursing, Director of Facilities and Operations, Manager of Health Promotion, Employee and Patient Safety Coordinator, Employee Benefits & Disability Management Coordinator, Representative Workforce Coordinator, Finance Coordinator, Manager of Environmental Health and Executive Assistant.

Health Care Organizations & Other Third Party Relationships:

- CADAC, the Creighton Alcohol and Drug Abuse Council, provides outpatient addictions prevention and recovery services in the Creighton/Denare Beach area.
- Contracted Emergency Medical Services – La Ronge EMS, Peter Ballantyne Cree Nation Health Services Inc., NOR-MAN RHA (Flin Flon General Hospital Ambulance Service).
- North Sask Special Needs Housing, Employment, Recreation, Inc. (NSN), based in La Ronge, acts as a service delivery agent for a community support program funded by the region.

Programs & Services:

The programs and services provided by the Mamawetan Churchill River Health Region are designed to respond to the changing needs of our clients.

Acute Care/Hospital Services

Acute care services within the La Ronge Health Centre provide a wide variety of services including inpatient care, emergency and outpatient care, and labour and delivery for residents of the region living not only in La Ronge, but in many northern communities. The acute care unit is staffed by well trained registered nurses and licensed practical nurses, several of whom have worked in this community for over 25 years. Attending physicians are staffed through Northern Medical Services.

Emergency/Outpatients

The emergency department at the La Ronge Health Centre is open 24 hours a day for people who require urgent or emergency care.

Inpatient Beds

The La Ronge Health Centre has 18 acute care beds including one observation bed for patients whose condition warrants close monitoring and 4 short stay beds for those patients who require nursing and medical care for less than 24 hours, but who do not need admission to acute care.

Laboratory, X-Ray & Ultrasound

There is a very modern laboratory, x-ray and ultrasound department staffed by highly qualified and well experienced technicians. These departments also serve the outlying communities by providing diagnostic services to the people living throughout the central area of the region.

Labour and Delivery

Mothers choosing to deliver their babies in La Ronge are encouraged to do so providing their physician feels it is safe and appropriate.

Physiotherapy

Physiotherapy services are provided in La Ronge by a visiting physiotherapist, and between visits, the treatment plans are carried out and supported by a therapy assistant.

Podiatry (Foot Health)

Foot health and podiatry care is provided by a licensed podiatrist who visits the La Ronge Health Centre monthly for 3 days. He is assisted by a nurse who provides care and follow-up between visits. This service is available to all residents of the region.

Physician Services

At the La Ronge Health Centre, physician services are arranged through Northern Medical Services. Physicians provide inpatient services (including obstetrics) and emergency room coverage, and perform pre-booked outpatient procedures in the Emergency Department.

On a weekday basis, the physician group offers medical services for scheduled appointments and minor emergencies at the La Ronge Medical Clinic. In addition, physicians travel regularly to Stanley Mission, Pinehouse, Southend and Wollaston offering patient care to clients in these communities.

At the Sandy Bay Health Centre, physician services are provided twice a week by J.A. Steyn Medical Professional Corporation, through a funding arrangement with Northern Medical Services.

Primary Care/Public Health

Community Health Educators

Community Health Educators are local workers who work with other health care providers to deliver services and programs, and assist individuals and families to access the services and programs they require. Community Health Educators are located in La Ronge, Pinehouse and Sandy Bay.

Dental Services

The Children's Dental Program delivers dental health education and prevention, diagnostic and limited restorative dental services for all preschoolers and children attending provincial schools up to age 16 years. The main focus of the Dental Program is on prevention activities such as the school fluoride mouth rinse programs, preschool screening and fluoride varnish programs, as well as sealants for permanent molars. Individual dental care is performed by registered Dental Therapists and Certified Dental Assistants or Dental Aides and a licensed Dentist in Health Region school-based dental clinics. Dental Clinics are located at the La Ronge Health Centre, Pre Cam Community School in La Ronge, Gordon Denny Community School in Air Ronge, Minahik Waskahigan Elementary School in Pinehouse, Creighton Community School, Hector Thiboutot Community School in Sandy Bay, and the Weyakwin Health Centre.

Diabetes Educator

Services are available to individuals and families living with diabetes from a multidisciplinary team that may include a physician, diabetes nurse educator, dietitian, pharmacist, community health educator, and other health care workers. The team provides education (both individual and group) for knowledge and skills needed to manage diabetes and prevent complications, and offers ongoing follow-up as needed.

Dietitian

The community dietitian provides a variety of services to the communities of La Ronge, Air Ronge, Pinehouse, and Sandy Bay. Examples of these services include: diabetes education, nutrition and lifestyle counselling, support for nutrition and healthy living programs and initiatives, consultations to food service providers, as well as education and partnerships with various community groups and schools.

Gambling Educator

The Gambling Extension Health Educator provides resources including information and education to schools, agencies and other groups in the region about problem gambling prevention.

Health Centres/Clinics

Primary Care is available at the Health Centres in Pinehouse and Sandy Bay. These are staffed by nurse practitioners, with doctors visiting on a regular basis. In La Ronge, a nurse practitioner works in cooperation with the physicians at the La Ronge Medical Clinic. Residents in the Creighton area can receive primary care through the NOR-MAN Health Region in Flin Flon, Manitoba.

Health Promotion

Health Educators offer information and activities that will assist Northerners to make choices that will help them to achieve a healthier lifestyle. This includes education that will help in prevention of substance abuse, achievement of mental well being, healthy eating, smoking cessation, healthy pregnancies and active lifestyles.

Immunizations

Public Health Nurses offer a variety of immunization services including:

- Child Health Clinics
- School Health Immunizations
- Influenza Vaccination Clinics
- International Travel Immunizations
- Staff Immunizations
- Adult immunizations

Needle Exchange Program

Public Health Nurses in La Ronge offer a needle exchange program for clients who require discreet and confidential provision of clean intravenous supplies as well as information, education and services to enhance personal safety.

Pre and Post Natal Care

Public Health Nurses offer one-on-one prenatal counselling and referrals as appropriate. In La Ronge, group prenatal classes are offered, as well, and a Breastfeeding Support Group meets once a month.

All postpartum clients are followed up upon discharge from hospital. Visits include weighing the baby, education, support, and referral where necessary.

Sexual Wellness

A Health Educator works in partnership with Northern Lights School Division teachers to offer education, information and skills training to students about all aspects of human sexuality.

Continuing Care/Long Term Care

Continuing care services are coordinated through the single point of entry service provided by the client care coordinator of La Ronge Home Care. A strong volunteer program is crucial to ensuring our social wellness, meals and activity programs are successful.

Adult Day Program

An adult day program for people who benefit from daily supportive care and socialization is provided out of the long term care facility in the La Ronge Health Centre.

Home Care

Home care is a service that is based on standardized assessments. Home health aides may assist the client with personal care, meal preparation, shopping, assistance to medical appointments and basic homemaking services. There is a charge for some home care services. Home care nurses provide care and monitoring of clients requiring this care.

In La Ronge, supportive care is provided along a coordinated continuum of services from home care, meals on wheels, wheels to meals, adult day program, social health, respite and residential care. Home care services are provided in Creighton, La Ronge, Pinehouse, Sandy Bay and Weyakwin. Meals on Wheels services are offered in La Ronge, Sandy Bay and Weyakwin.

Nikinan (Long Term Care)

Nikinan is the long term care facility in the Region, located in the La Ronge Health Centre. Nikinan is a Cree word meaning "Our Home" and it is home to 14 residents from many northern communities. Residents participate in a variety of social activities including baking, gardening, crafts and church services. They are assisted to return to their home communities for visits and to participate in short outings or go to other facilities for special rehabilitation care.

Respite Care

In addition to permanent residential supportive care at Nikinan, there are two rooms dedicated to providing care for people who request residential supportive care for a brief period of time.

Addictions & Mental Health

Addictions Counselling

In La Ronge, adult services are provided on a one-to-one and group counselling basis. A three week cycle of adult group programming is delivered every month. Other services available are: a) SGI screening; b) New Beginnings, a program targeting women of child-bearing years in order to reduce the number of alcohol affected births in our Health Region; c) community and school presentations; and d) referrals to other treatment centres.

Youth services are provided out of the Kikinahk Friendship Centre in La Ronge. These services include one-to-one counselling, an addictions education program and an outpatient day program.

In Pinehouse and Sandy Bay, adult and youth services are provided on a one-to-one counselling basis. Other services available are: a) SGI screening; b) community and school presentations; and c) referrals to other treatment centres.

In Creighton, addictions prevention and treatment services are available through the Creighton Alcohol and Drug Abuse Council (CADAC).

Detoxification

The Social Detox unit at the La Ronge Health Centre has eight beds available to assist clients (those who have no medical detox requirements) to safely complete their withdrawal from alcohol and drugs. Inpatient beds are provided for clients to attend group programming and one-to-one counselling.

Community Support

This program, operated out of North Sask Special Needs, Housing Employment, Recreation, Inc. in La Ronge, provides community outreach services to persons struggling with addictions.

Mental Health Counselling

The Mental Health Program provides education, support and counselling to individuals, families, and groups, as well as advocacy and crisis intervention services for those experiencing issues with mental well being. These services are provided by staff in Creighton, La Ronge, Pinehouse and Sandy Bay.

Telehealth

Telehealth is a means of delivering health care services and education through interactive video, audio and computer technologies. Telehealth enhances the ability to provide patient care, regardless of geographic location. Our region currently has four Telehealth sites: La Ronge, Pinehouse, Sandy Bay and Creighton.

Population Health

The Population Health Unit provides leadership, support, expertise, and specialized public health and population health services to the three northern health authorities under a Co-Management Agreement.

The Population Health Unit staff include: the Chronic Disease Control Nurse; Communicable Disease/Immunization Nurse; Dental Health Educator/Technical Consultant; Director; Environmental Health Manager; Environmental Health Protection Coordinator; two Medical Health Officers; Nurse Epidemiologist; five Public Health Inspectors; Public Health Nutritionist; and Support Staff. An Infection Control Practitioner, LPN - CD Assistant, and Prenatal Nutrition Coordinator provided additional service on a temporary basis in 2008-09.

The Population Health Unit has roles and responsibilities within the three northern health authorities for:

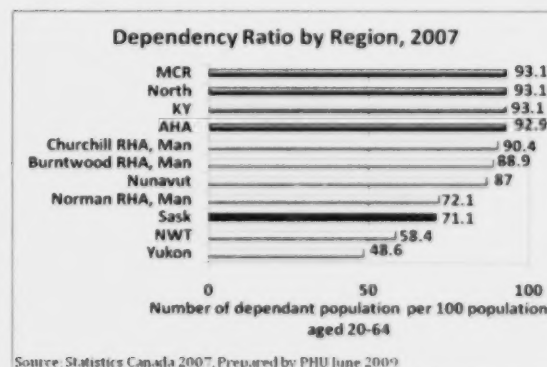
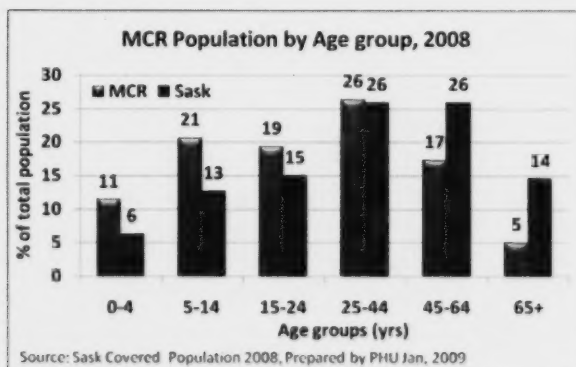
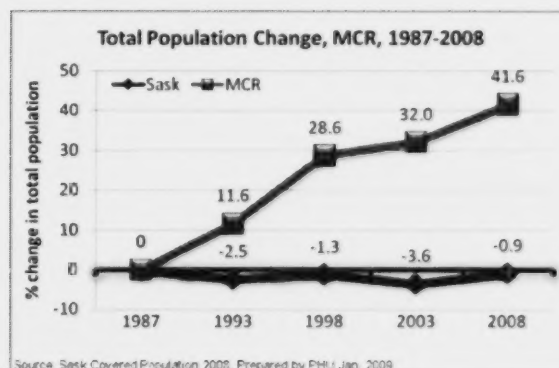
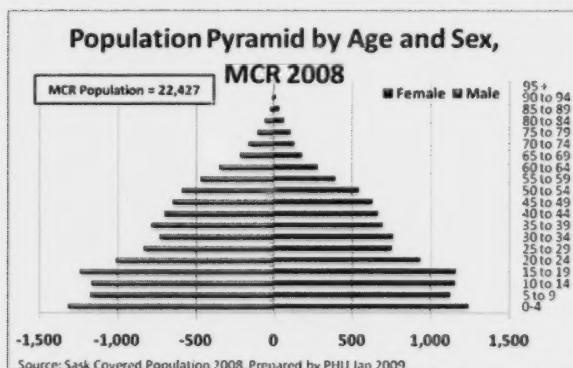
- Health protection and disease control and prevention;
- Health surveillance and health status reporting;
- Legislated mandate under the Public Health Act (2004) and regulations;
- Liaison, consultation and advice;
- Population and public health program planning and evaluation;
- Population health promotion (advocacy for healthy public policy, community development, health education).

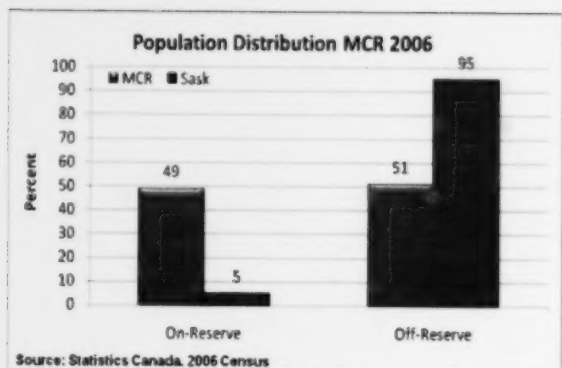
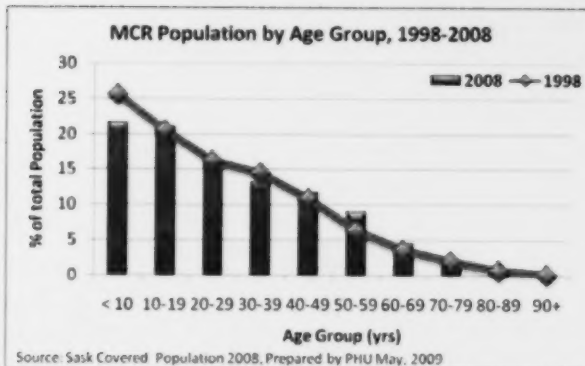
Quality of Care

The Quality, Safety and Health Information program ensures coordination of accreditation within the region including education and addressing required organizational practices. Occupational Health and Safety, and infection control education, coordination and policy development within region. The Quality of Care Coordinator undertakes activities to ensure the voice of the customer is heard, and appropriate followup is completed. Other activities from this area include incident reporting and tracking, critical incident investigation, Quality Insight, Quality as a Business Strategy, risk management and quality improvement.

Our Region

The Mamawetan Churchill River (MCR) Health Region continues to have a young, growing population. In 2008, MCR had 32% of its population under 15 and only 5% aged 65 or older. Saskatchewan had only 19% under 15 but 14% were aged 65 or older. The MCR population has been steadily increasing over the past several decades, from 15,843 individuals in 1987 to 22,427 individuals in 2008. During the same time period the provincial population has remained fairly stable, with just over a million individuals. The biggest decrease in the percentage of the total MCR population was in the < 10 age group, decreasing by 3.9%, while the biggest increase was 2.7% in the 50-59 age group. The absolute population changes in each of these age groups have implications on health needs and health service requirements. MCR along with Keewatin Yatthe Health Region and the Athabasca Health Authority have the highest 'dependency ratio' of all other health regions in Canada. This is a reflection of the number of youth under 20 and elders over 65 years of age compared to the middle aged groups. Dependency ratios are economic indicators – regions with high dependency ratios indicate economically stressed areas. In 2006, approximately half the residents in MCR lived on-reserve (49% on-reserve, 51% off-reserve). This is in marked contrast to the overall Saskatchewan population with only 5% of the population living in reserve communities.

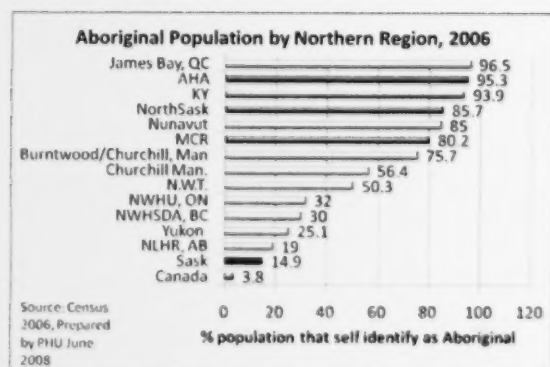
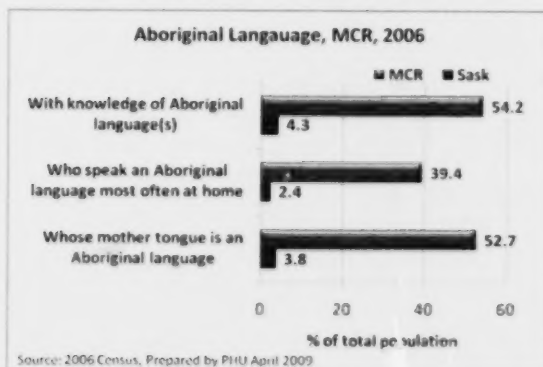


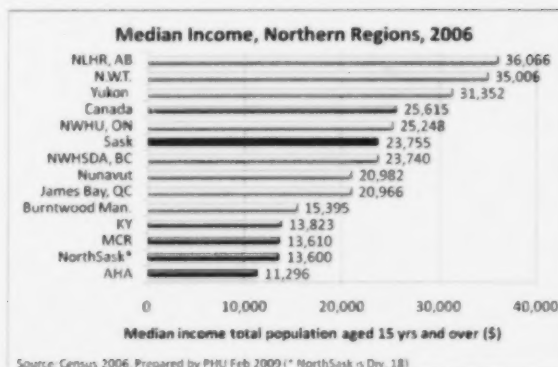
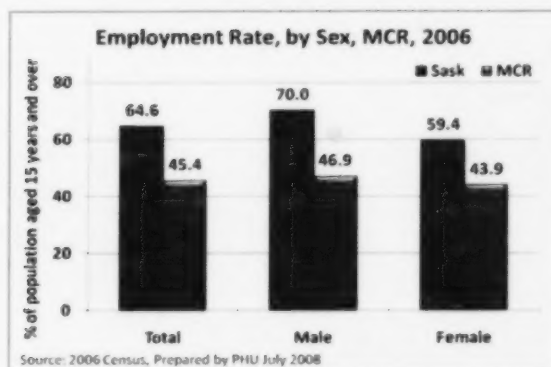


The median age for MCR in 2006 was only 22.7 years, compared to 38.7 for the province (Census, 2006)

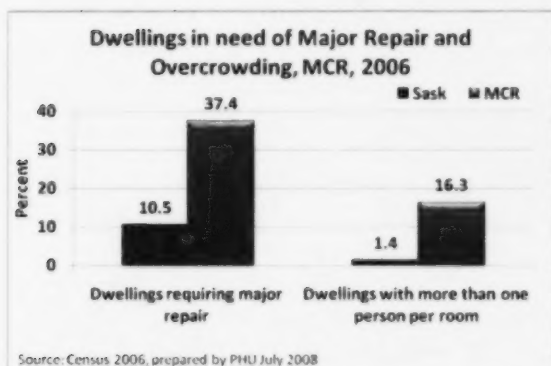
Non-medical (socio-economic) determinants of health

- **Varied school enrolment changes:** There was a 27% growth in secondary school enrolment in northern provincial schools between September 2000 and 2008; however decreases of 14, 21 and 22% in middle years, elementary and kindergarten, respectively, led to an overall decrease of 10% in the total K-12 enrolment. (Northern Saskatchewan Regional Training Needs Assessment Report 2009)
- **Knowledge and use of Aboriginal language common in MCR:** Close to 55% of the MCR population have knowledge of an Aboriginal language, with nearly the same number of individuals (53%) having an Aboriginal language as their mother tongue. Similarly, almost 40% of the MCR population speak an Aboriginal language most often at home.
- **High Aboriginal population:** 80.2 % of the MCR population are Aboriginal. This is considerably high, even compared to other northern regions such as NWT (50.3%) and Yukon (25.3%), as well as Saskatchewan as a whole (14.9%) (Census 2006).
- **Low employment rate:** In 2006, the employment rate for MCR males and females was 46.9% and 43.9% respectively. Overall, the employment rate for MCR (45.4%) was nearly 20 percentage points below that of the province (64.6%) (Census 2006).
- **Low personal income:** In 2005, median income for the MCR population aged 15 and over (13,610) was much lower than other northern regions such as NWT (35,006) and Yukon (31,352), as well as only 57% of their provincial counterparts (23,755) (Census 2006).





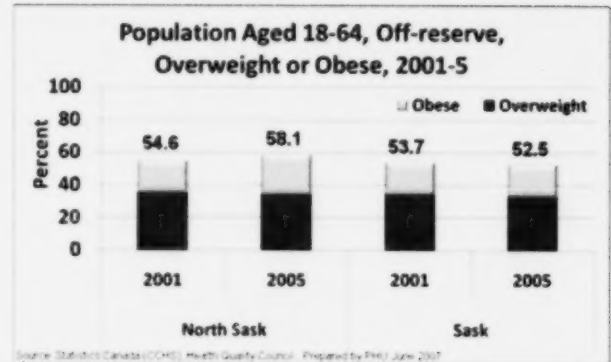
- **High crowding and homes in need of major repair:** In MCR, 16.3% of occupied private dwellings have more than 1 person per room, compared to only 1.4% in the province as a whole. As well, nearly 40% of occupied private dwellings are in need of major repair, compared to only 10.5% in the province.
- **Food costs higher in the north:** The average weekly cost of a nutritious food basket in Saskatchewan increases consistently over 2 gradients, from large center to small and from South to North. The average weekly cost of the nutritious food basket in the Far North is over 80% greater than a large city in the south. This could be the difference of nearly 460 dollars per month.



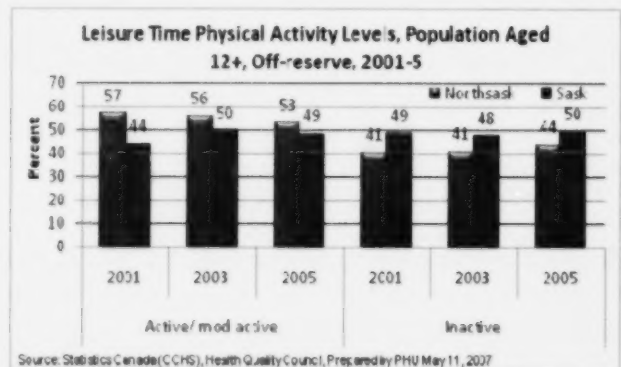
The indicators for the non-medical determinants of health for the MCR region indicate significant challenges. The high dependency rate, as well as the low employment rate, are indicators of economic stress, with implications on childhood poverty levels, as well as overall health. The growing segments of the population puts additional stresses on the health services in the region. The current high proportion of adolescents and young adults in the population will impact conditions typically seen in these age groups such as injuries, pregnancies, and sexually transmitted infections. On the other hand, the growth in the middle-age groups will impact numbers of individuals with diabetes, heart disease, chronic lung disease, and cancer.

Disparity in Body Mass Index (BMI)

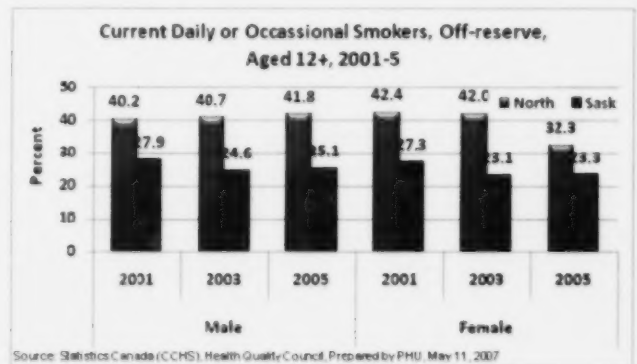
increase: People who are classified as overweight have a BMI of 25.0-29.0, while those who are obese have a BMI of 30.0 or greater. Overweight and obese people are at higher risk to develop diseases such as type-2 diabetes, high blood pressure, heart disease, some cancers, gallbladder disease, and others. In 2005, 33.9% and 24.2% of northern Saskatchewan residents reported being either overweight or obese, respectively. The disparity between northern Saskatchewan rates and provincial rates has increased from 2001-05 which emphasizes the important continuing need for health promotion, intersectoral initiatives.



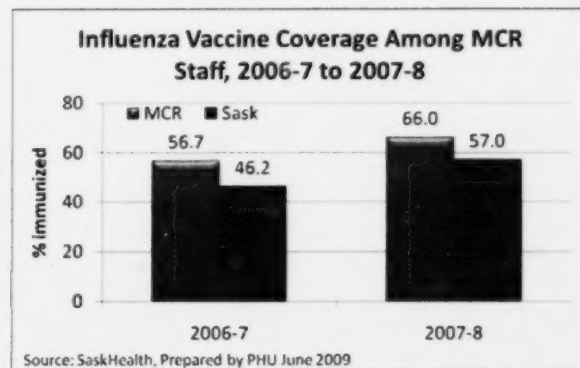
Physical activity levels changing: In comparison to other Saskatchewan health regions, the northern health authorities had the highest percentage of residents who reported participating in active or moderately active levels of physical activity during leisure time in 2005. Similarly, the northern health regions also had the lowest percentage of residents who reported inactivity levels. However, the percentage of northern residents reporting active or moderately active physical activity levels has been decreasing slightly since 2001 (57.4% to 53.4%), while those reporting inactivity has been increasing slightly during the same time period (40.5% to 44.1%).



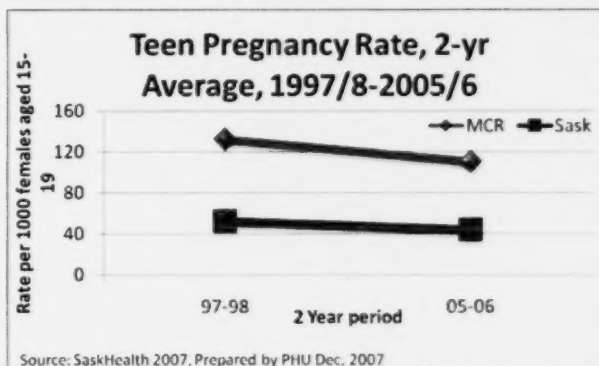
High smoking rates: Smoking rates in northern Saskatchewan off-reserve communities remain substantially higher than provincial rates though there appears to be some improvement in female rates in 2005. The percent of off-reserve northern males aged 12+ that report current daily or occasionally smoking has remained relatively stable since 2001 (40.2, 40.7, 41.8%). On the other hand, the percent of females reporting to smoke has shown a 9.7% decrease in 2005 compared to 2003, going from 42.0 to 32.3%. Northern rates for both males and females remain substantially higher than provincial rates in 2005 (25.1% in males and 23.3% in females).



Influenza immunization increasing among Regional Health Authority staff: Between 2006-07 and 2007-08 MCR increased its influenza immunization coverage rate amongst health care staff by approximately 10%, from 56.7% to 66.0%. Saskatchewan experienced a similar increase in its influenza coverage rates, going from 46.2% in 2006-07 to 57.0% in 2007-08. Currently, the MCR coverage rate (66%) is approximately 10% higher than the provincial rate (57%).

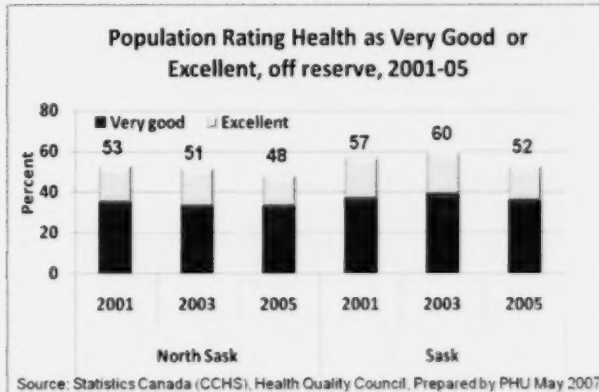


High teen pregnancy rate: The teen pregnancy rate in MCR has decreased from 132 pregnancies per 1000 females aged 15-19 yrs in 1997-08, to 110 pregnancies in 2005-06. The provincial rate decreased over the same time period from 53 pregnancies per 1000 females aged 15-19 in 1997-08 to 43 in 2005-06. The MCR rate remains over 2.5 times the provincial teen pregnancy rate.



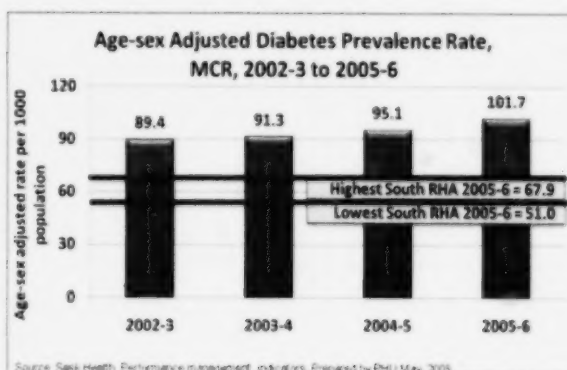
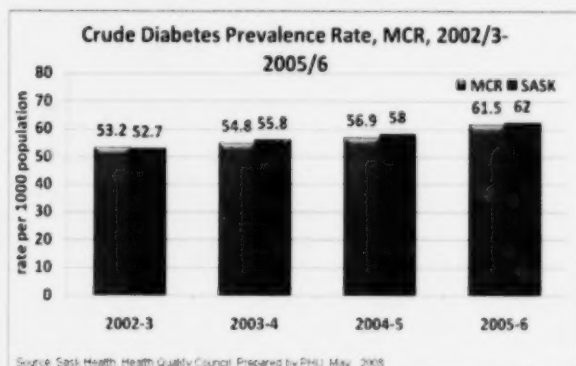
Self rated health slightly below province:

Self rated health status is good indicator of overall health as it corresponds with the individual's personal meaning of health. Thus, this indicator can capture components of health, such as early stages of disease, disease severity, aspects of positive health status, physiological and psychological reserves and social and mental function, which other measures cannot. Since 2003, Northern residents' self rated health status has remained relatively stable in the very good category (32.9 in both 2003 and 2005) but has decreased in the excellent category (18.4% in 2003 and 15.1% in 2005). The province has seen decreases in both the very good (38.6% in 2003 and 35.8% in 2005) and excellent categories (20.8% in 2003 and 16.6% in 2005); however both categories of self rated health status remain higher at the provincial level than in the northern health authorities.



Diabetes: The proportion of MCR individuals living with diabetes (prevalence rate) increased between 2002-03 and 2005-06 by 16%. The provincial numbers has seen similar increases over the same time frame, going from 52.7 cases per 1,000 population in 2002-03 to 62 cases in 2005-06. As the middle-aged and elderly (who have higher rates of diabetes) make up a smaller proportion of the northern population, age-sex adjustments have to be made in order to allow for provincial comparisons. The adjusted proportion of people living in MCR with diabetes increased steadily since 2002-03, up by 12.3 cases in

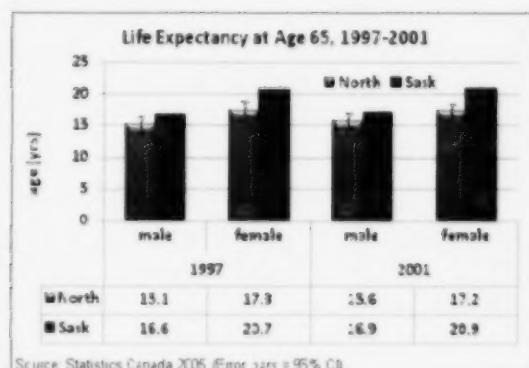
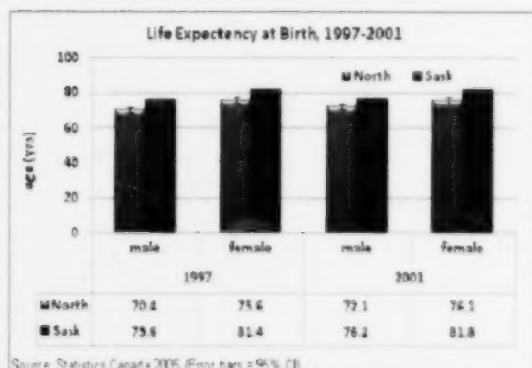
2005-06 and is currently the highest rate in the province, 50% higher than the closest southern RHA. This would indicate the overall risk of diabetes is much greater in MCR than in the southern RHA's. This is of concern as diabetes is not only a serious health concern on its own but, it also increases a person's risk for other diseases with high mortality rates such as circulatory diseases.



Life expectancy (at birth and at age 65 years)

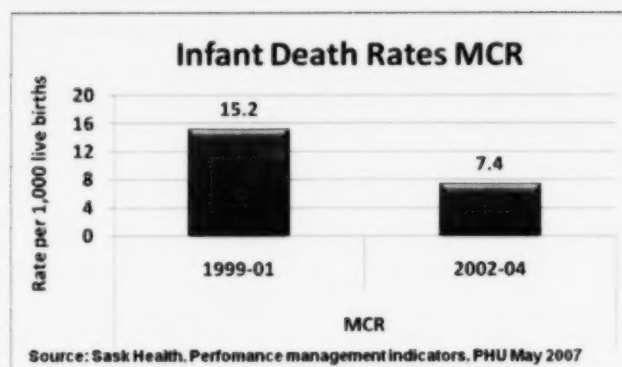
The life expectancy at birth in the three northern health regions increased 0.5 years among females to 76.1 years and 1.7 years among males (to 72.1 years) from 1997 to 2001. Although the life expectancy for northern residents remains significantly lower than for all of Saskatchewan, the gap in life expectancy at birth is closing with only a 0.4 year gain among females (to 81.8 years) and 0.6 year gain among males (to 76.2 years) across Saskatchewan in the same period.

The life expectancy among those who reach age 65 in the three northern health regions decreased from 1997 to 2001 by 0.1 year among females (to 17.2 years of life or 82.2 years of age) and 0.5 years among males (to 15.6 years of life or 80.6 years of age). For all of Saskatchewan, females at age 65 in 2001 could expect to live 0.2 years longer than in 1995 and males could expect to live 0.3 years longer. Northern Saskatchewan residents have the lowest life expectancy in the province at birth and at age 65, reflecting their overall health status in comparison to their southern counterparts, as well as the influence of health determinants such as the proportion of the population living in poverty. Higher rates of infant mortality and premature deaths from injuries seen in the north could also be a contributing factor to the lower life expectancies of northern residents.

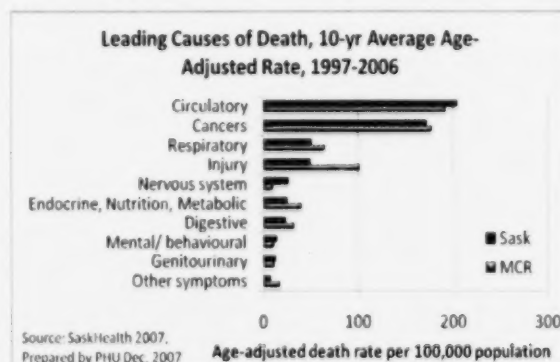
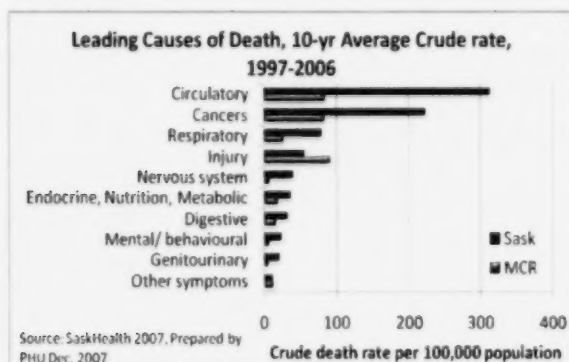


Infant Deaths: There were 9 infant deaths in the MCR Health Region in the three year period of 2002-04, compared to 21 in 1999-2001. With small numbers, there can be wide fluctuations in rates from one time period to another. This data shows more than a 50 percent decrease in the infant mortality rate (IMR) from 15.2 infant deaths per 1,000 live births in 1999-2001 to 7.4 in 2002-04.

However, preliminary data indicates the 2005 rate increases to 22.1 deaths per 1000 live births. Thus, changes in the MCR infant mortality rate must be evaluated with caution. In comparison, the IMR for Saskatchewan dropped from 6.2 to 5.9 infant deaths per 1000 live births from 1999-2001 to 2002-04. The infant mortality rate is a measure of child health and also of the well-being of a society. It reflects the level of mortality, health status, and health care of a population, and the effectiveness of preventive care and the attention paid to maternal and child health. Increased funding and efforts aimed at reducing infant mortality in northern regions over the past two years have been focused on improving prenatal nutrition and prenatal care, as well as reproductive health education.



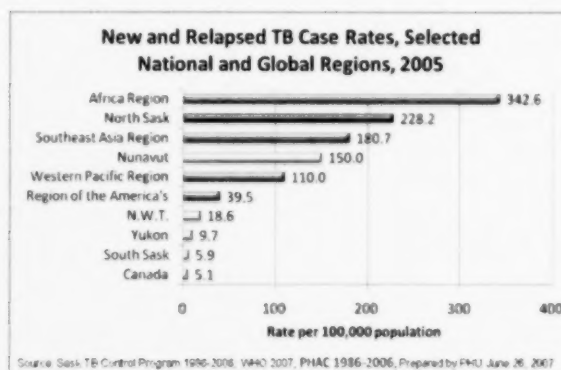
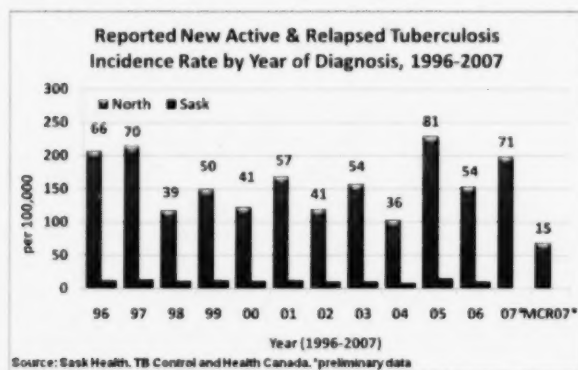
Leading Causes of Death: The leading causes of death in MCR (crude rate) between 1997 and 2006 were neoplasms, circulatory diseases, and injuries. In contrast, the leading causes of death in Saskatchewan, over the same time period, were circulatory, neoplasm and respiratory diseases. This difference is not surprising as the population in MCR is much younger (where injuries are more dominant), with less population in the older age groups (where the chronic conditions such as respiratory diseases are more common). As the middle-aged and elderly (who have higher rates of chronic diseases) make up a smaller proportion of the northern population, age-sex adjustments have to be made in order to allow for provincial comparisons. After these adjustments are made, circulatory diseases, neoplasms, injuries and respiratory diseases remain the 4 leading causes of death in MCR; however these rates are now very similar to the provincial rates except for injuries which is over twice the provincial rate. Age-standardization allows for a more accurate comparison of health risks between population groups.



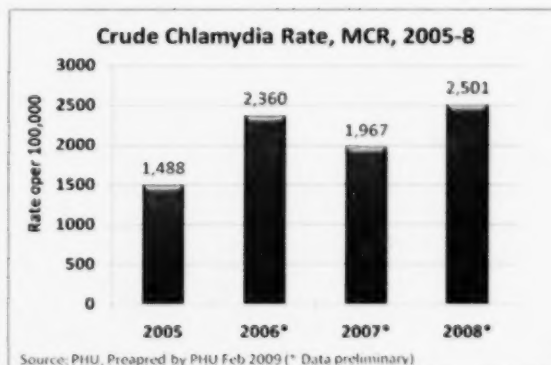
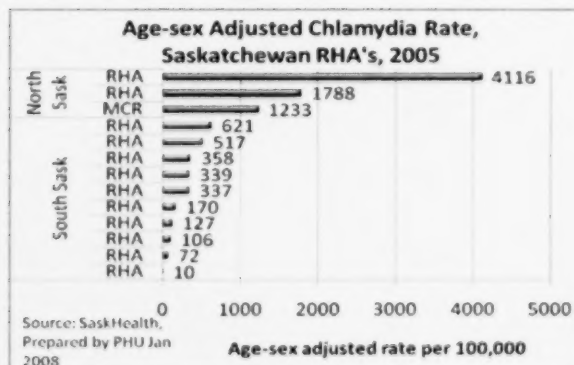
Emerging and infectious health issues in the region

Exceedingly high rate of Tuberculosis: In 2007 the North had an increase in its TB rate from 152.5 cases per 100,000 in 2006 to 198.1 cases in 2007. On average, between 1996-2006, the northern Saskatchewan new and relapsed TB incidence rate has been 32 times greater than the southern Saskatchewan rate. Of the 71 new active and relapsed TB cases in the North in 2007, 15 were residents in MCR. The 2007 rate in MCR of 68.1 cases per 100,000 population also remains considerably higher than the provincial rates over the past 10 years. Of the 15 new active and relapsed TB cases that occurred in MCR in 2007, the majority occurred on reserve. The rate of new and relapsed TB in northern Saskatchewan is exceedingly high, even when compared nationally or globally.

In 2005, compared to the WHO regions, NorthSask would have the second highest rate (228), second only to the Africa Region (343). Nationally this means that compared to the highest provincial and territorial rates, NorthSask would have had the highest rate by at least 30% above Nunavut and about 45 times the Canadian rate.

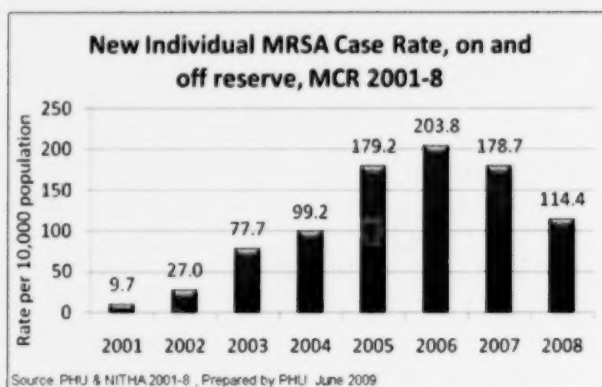


Sexually Transmitted Infections high and increasing: After adjusting for age and sex, the 2005 rate of Chlamydia in MCR, 1233 cases per 100,000 population, remained 2 times higher than the closest Southern Health Region. Using preliminary PHU data, the MCR crude Chlamydia rate has steadily increased from 2005 to 2008 where it is now almost 70% higher than the 2005 rate.

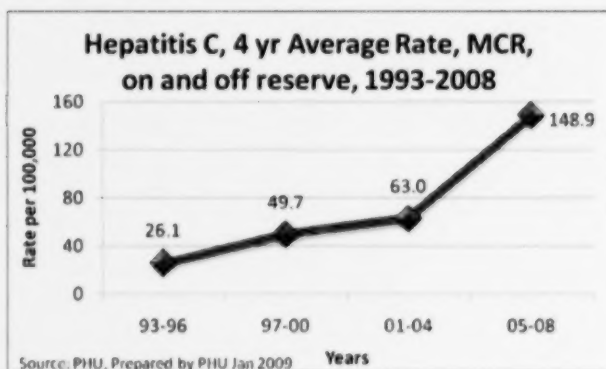


MRSA in new individuals decreasing:

Methicillin-resistant *Staphylococcus aureus* (MRSA) is a *Staphylococcus* bacterium resistant to common antibiotics including methicillin. MRSA has been on the rise in MCR since 2001. The rate of new individual MRSA cases (a case occurring in an individual for the first time) reached its highest total in 2006 at 203.8 new individual cases per 10,000 population. Since 2006, the rate of new individual MRSA cases has been steadily decreasing until 2008, with a rate of 114.4 cases per 10,000 population. MRSA has been known to occur in hospital settings. More recently, it has been shown to occur in the community setting, and is known as community-acquired MRSA (CA-MRSA). In the north, CA-MRSA predominates and can result in a variety of skin and soft-tissue infections ranging from boils to severe bone or muscle infections and can also result in severe pneumonias. As a result, there has been increased community-based hygiene initiatives and education as well as infection control strategies.

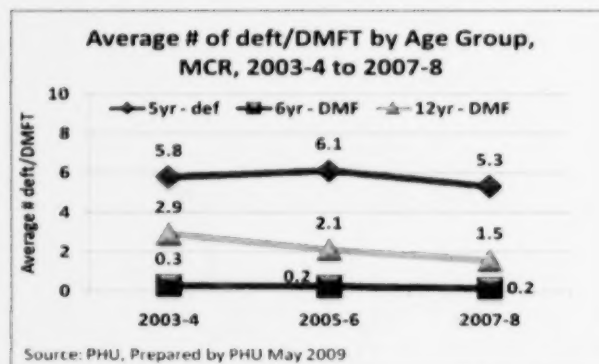


Hepatitis C increasing: Over the past 15 years, there has been a consistent increase in the rate of Hepatitis C occurring in MCR. The 4 year average rate in MCR between 1993 and 1996 was 26.1 cases per 100,000, which increased to 148.9 cases per 100,000, almost 6 times the rate seen in 1993-6. This increase is in contrast to what is occurring nationally, where the rate of Hepatitis C has been steadily decreasing.



In 1999 the Canadian rate was 61.9 cases per 100,000 population and has since decreased by 40% to 36.8 cases per 100,000 population in 2006. One risk factor for acquiring Hepatitis C and other infections such as HIV and Hepatitis B is injection drug use. To reduce the risk of infection from injection drug use, harm reduction strategies such as needle exchange programs are currently being used.

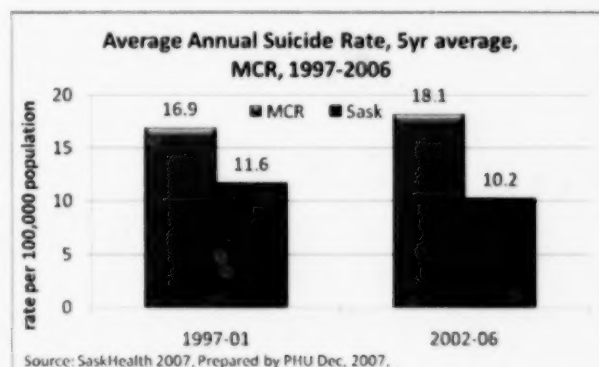
Oral Health: Dental disease is an infectious disease caused by transmissible bacteria, the by-products of which dissolve the hard surfaces of susceptible teeth. The average number of decayed, extracted and filled primary teeth (deft) or decayed, missing and filled permanent teeth (DMFT) per client, are good overall indicators of this process. In MCR, the average number of deft's in 5yr olds increased slightly in 2005-06 before decreasing slightly in



2007-08 to 5.3 per child. The average number of DMFT's remained fairly constant in MCR 6-yr olds between 2003-04 and 2007-08, at approximately 0.2 per child. The largest decreases were seen in the average number of DMFT's in 12 yr olds, where MCR saw a decrease from 2.9 to 1.5 per child.

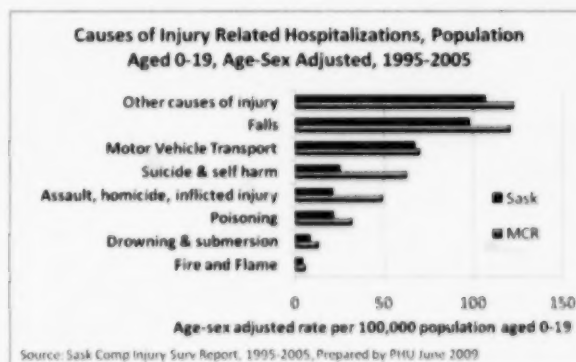
Suicide rate is higher than the province:

The suicide rate in MCR remained relatively similar between 1997-2001 and 2002-06, increasing slightly from 16.9 cases per 100,000 population to 18.1 cases. On the other hand, the provincial rate decreased slightly from 11.6 cases per 100,000 population to 10.2 cases, during the same time period. The MCR suicide rate in 2002-06 remains nearly 2 times higher than the provincial rate of 10.2 cases per 100,000 population.



Elevated rates of injury hospitalizations in MCR for children and youth:

The leading causes of injury hospitalization in children and youth aged 0-19 are very similar between MCR and the province with Other, Falls, and Motor vehicle accidents being the 3 leading causes in both regions. In all of these cases the rates in MCR are slightly higher than the provincial rates, ranging from 15%-35% higher. Although Suicide and self harm and Assault, homicide and inflicted injury are not in the top 3 causes, it is important to highlight these categories as there is a large discrepancy between the MCR and provincial rates. Rates in MCR for Suicide and self harm and Assault, homicide and inflicted injury are 2.5 and 2.3 times greater than their respective provincial rates.



Environment

Overall improvements in inspections of licensed/ regulated facilities:

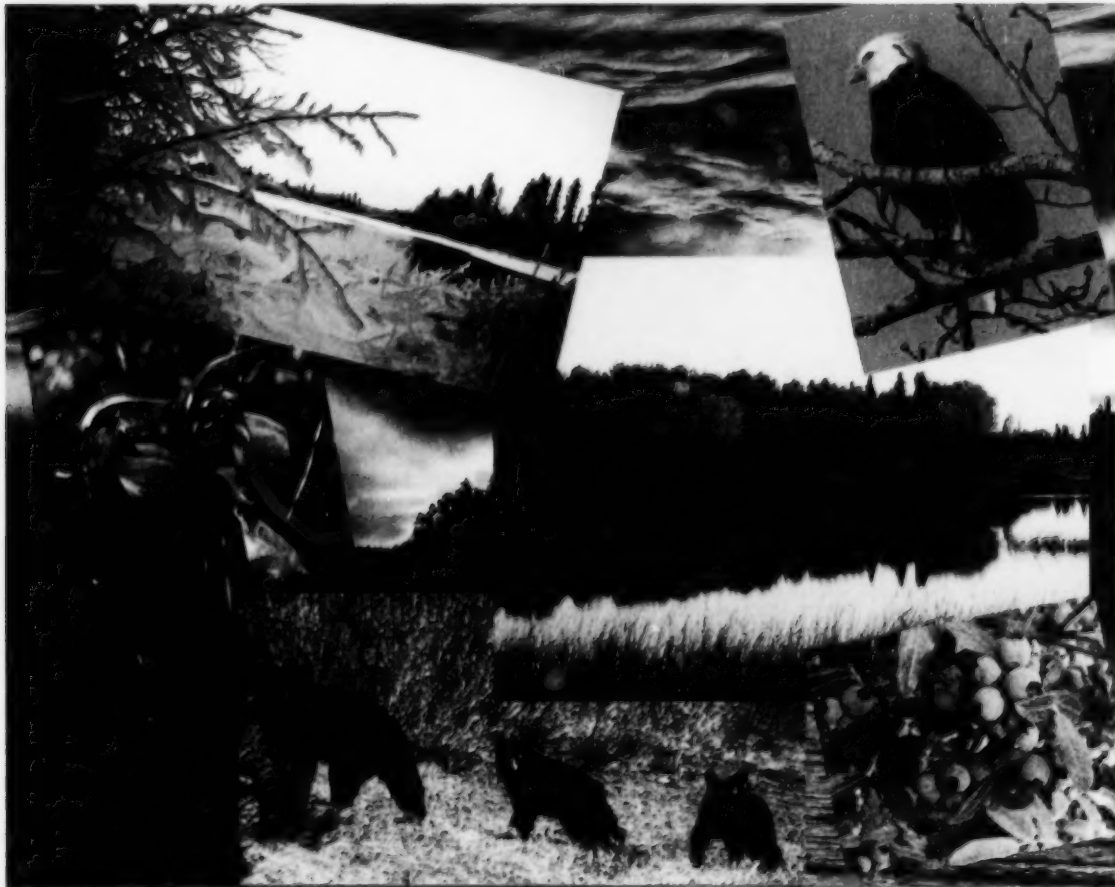
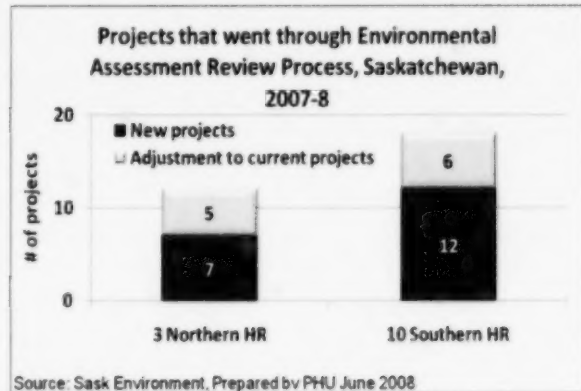
Between 2007-08 and 2008-09, the percentage of licensed or regulated facilities that were inspected in the North increased for food eating establishments, but decreased for lodging and public water supplies. However, inspections rates for all types of facilities remain above rates seen in 2006-07, indicating an overall trend of improvement. It is important to note that there are both year round and seasonal facilities that need to be inspected each year. Inspection rates for all three categories for the seasonal tourist and



outfitting camps are greatly influenced by the ability to do on-site inspections, when and if they are open each year. Work continues to improve on these rates.

Environmental assessment reviews:

There has been significant expansion in the mineral and uranium exploration in the north. This has significant potential ramifications as it relates to population changes and economic development but also has potentially serious ramifications as it relates to social health concerns. Our Population Health Unit was involved with 7 new projects across the north that went through the environmental assessments review process during 2007-08. This accounted for 36.8% of the total number of projects that went through the review process in Saskatchewan. As well, there were 5 projects that had adjustments made to their plans that required them to go through the review process. This is almost the exact same number as the other 10 southern health regions combined, who had 6 projects with adjustments. The north was also involved with 4 human health risk assessments in 2007-08.



2008-09 Performance Results

During 2008-09, the Mamawetan Churchill River Health Region continued to address provincial goals through its regional strategic plan. Included below is a discussion of mandatory indicators (see Appendix A), as well as some key accomplishments.

Accreditation

The region achieved accreditation status through Accreditation Canada for the third time in 2008-09. The award of Accreditation with report and focused visit followed an intensive year of work by staff across the region. Accreditation status means the region meets national standards for service in several program areas.

Two Accreditation Education Sessions (Patient Safety and Understanding Indicators) were held in December 2008 for all staff in the health region. In the next year, work will continue on existing and new required organizational practices and standards. The Worklife Pulse survey will be repeated in 2009-10 to measure employee satisfaction with work and the workplace.

Communications

The Mamawetan Churchill River Health Region regularly reports on its activities and issues that might affect public confidence in the health care system.

The region keeps current with issues throughout the region by participating in a number of interagency groups (see Partnerships in Appendix B), and events such as the Northern Health Strategy Northern Leadership Forum. The Pinehouse Interagency Group, which has representation from the health region, was awarded a Northern Saskatchewan Health Excellence Award in June, 2008. During the accreditation process, surveyors met with focus groups. Their input was included in the surveyors' report to the region.

As part of an ongoing strategy to keep the public informed of the operations of the region, the Annual Report is posted on the health region's website. Regular RHA Notes following Board meetings are released to the media and posted on the website, as well. Open houses on environmental issues were held in Creighton/Flin Flon and Pinehouse. The region maintains a presence at public gatherings such as the Camp Healthy Bear at the La Ronge Children's Festival.

Through its work with the Northern Healthy Communities Partnership, important health and lifestyle messages are broadcast on radio in Northern Saskatchewan in English, Cree and Dene. Staff in Pinehouse and Sandy Bay appear regularly on the local community radio stations.

In accordance with Section 227 of *The Elections Act, 1996*, communications activity was curtailed during the period of the by-election for Cumberland constituency. However, the region maintains good relations with the media and uses paid advertising and public service announcements to relay information on topics such as guidelines for dealing with forest fire smoke, patient safety and discarded needles. This information is also available on the

website. In addition, the media communicates the availability of regional funding programs such as summer programming and respite support for individuals living with Autism Spectrum Disorder and wellness grants.

New publications this year included a brochure on the client's role in patient safety and a bookmark outlining steps in flu prevention.

Public confidence is enhanced as a result of new equipment purchases such as a portable ventilator and new bariatric equipment, and as a result of an expansion of services such as itinerant physiotherapist services and footcare clinics. Continuing education and staff development resulted in more effective delivery of therapy and patient care.

An internal newsletter, *Spirit of Mamawetan*, is an information and retention tool for staff. Eight issues of the newsletter were published this past fiscal year. The October issue focused on an appreciation event held in honour of our volunteers. Health region employees also volunteered to assist with La Ronge Ice Wolves hockey games.

A fundraising golf tournament involved sponsorship from the community and the participation of staff and community members. Over \$13,000 was raised toward the purchase of new ultrasound equipment.

The region also maintains regular contact with health services unions with the goal of maintaining good relationships that will strengthen public confidence.

Primary Health Care Services

Percentage of RHA population with geographic proximity to primary health care teams:
100%

Number of discrete clients receiving primary health care services in the RHA:
Q-1: 4,521; Q-2: 4,833 Q-3: 4,231 Q-4: 4,948

Number of persons receiving a service from HealthLine for the RHA: 2,310

Although access to Primary Health Care has been at 100% for a number of years, we continue to build and expand our Primary Health Care teams.

Dental Services are part of Primary Health Care. In June, 2008, Kim Christianson, the Senior Dental Therapist was awarded a Northern Saskatchewan Health Excellence Award for her role in providing high quality service and mentorship.

Wellness Grants

Wellness Grants of up to \$1,500 are available for community projects that focus on one or more of the following areas: mental well-being, decreased substance use and abuse, accessible nutritious foods, and active communities. These grants encourage community groups to view health in an wholistic way, and engage them in projects that are meaningful to them. An evaluation report ensures accountability. Following is a list of the organizations and projects that were awarded wellness grants in 2008-09:

Organization	Community	Project
National Addictions Awareness Week Committee 2008	Pinehouse	National Addictions Awareness Week Activities
La Ronge Children's Festival Committee	La Ronge/Air Ronge	La Ronge 4th Annual Children's Festival
Gordon Denny Running Group	La Ronge/Air Ronge	CDs (Music Library) for Community Aerobics Sessions
School Community Council	Pinehouse	2nd Annual Youth Are Our Future Conference
The La Ronge and Area Music Festival Association	La Ronge/Air Ronge	21st Annual La Ronge and Area Music Festival
La Ronge Gymnastics Club	La Ronge/Air Ronge	Expansion of Gymnastics Programs
Minahik Waskahigan School	Pinehouse	Functionally Integrated Program Nutrition Project
Scouts Canada--1st La Ronge Troop	La Ronge/Air Ronge	Scouts Canada Re-establishment Project--La Ronge Troop
Tenant Association (North Eastern Saskatchewan Housing Corporation)	Creighton	Raised Planter Project
Pre-Cam Community School	La Ronge/Air Ronge	Expansion of Community Exercise Programs and Activities
Gordon Denny Community School	La Ronge/Air Ronge	Expansion of Community Aerobics Program
Churchill Community High School	La Ronge/Air Ronge	Churchill Chargers Senior Girls Basketball Team: Building Confidence and Leadership Skills
Hector Thiboutot Community School	Sandy Bay	Hector Thiboutot Community School Project: Building Self Esteem and Teaching Social Skills in Youth
Hatchet Lake Denesuline First Nation-Northern Hamlet of Wollaston Lake	Wollaston Lake	Keepers of the Water IV Conference

Alcohol and Drug Programs and Services

Average wait time for admission to alcohol and drug outpatient services: 3.2 days

The average wait time for alcohol and drug outpatient services is the lowest in the province.

Average wait time for admission to alcohol and drug inpatient services: 20.6 days

Our region offers a closed intake, three week cycle program. This means that if someone requests to enter programming during the first week of programming they would need to wait until the next cycle starts in a month's time. If the clients request to attend programming during the last week or during the intake week between cycles they would only be waiting a few days or week or so. A person requesting to enter a program would receive one to one service from their referral agent (or our counsellors if they are self referring) until they entered the program. The region only has four designated inpatient beds so the numbers are small and some clients attend programming while living in the community.

Average wait time for admission to alcohol and drug detoxification services: 1.1 days

There are four detox beds. The wait time for admission is dependent on availability, and varies from 0 to 5 days. Most often, in an emergency, a bed can be made available.

Mental Health and Addictions Services

Addictions and mental health staff received a Recruitment and Retention grant to bring Dr. Scott Miller of the Institute for the Study of Therapeutic Change to La Ronge to conduct a workshop. They are now integrating new outcome measures into their counselling and group programs which allow for a more client directed counselling process.

Workplace

Number of sick leave hours per full time equivalent (FTE) by affiliation:

Saskatchewan Government Employees Union (SGEU): 81.76

Health Sciences Association of Saskatchewan (HSAS): 77.41

Out of Scope (OOS): 52.49

Saskatchewan Union of Nurses (SUN): 71.94

Mamawetan Churchill River Health Region has fewer than the provincial average sick leave hours per FTE for SGEU and SUN. The sick leave per FTE for HSAS and OOS exceed the provincial averages. With our small number of employees, if one or two people are off with an extended sick leave, our averages are impacted. Mamawetan Churchill River Health Region has an Attendance Support Policy that is utilized minimally.

Sick leave usage in SGEU, HSAS and OOS in 2008-09 decreased by more than 5% from 2007-08. Sick leave in SUN increased substantially in 2008-09 from 2007-08. This may be due to excessive overtime due to short staffing.

Number of lost-time Workers Compensation Board (WCB) claims per 100 full time equivalents (FTEs): 2.95

Mamawetan Churchill River Health Region has had fewer than the provincial average WCB claims per 100 FTEs consistently since 2004-05. The health region is working diligently to ensure that all employees take mandatory OH&S training.

Number of lost-time WCB days per 100 full time equivalents (FTEs): 133.1

The number of lost-time WCB days increased substantially in 2008-09. This was due to a small number of employees with lengthy lost-time claims.

Concern Handling

Concerns and complaints are dealt with as they arise. Concerns relating to department have been identified as being the largest number of concerns received overall. Preliminary work relating to an organizational development project for retention of staff has begun to address this issue.

Critical Incidents

In 2008-09 a total of 5 critical incidents were reported to the Ministry of Health by the Health Region. Four have had Root Cause Analysis completed resulting in recommendations and action plans. The fifth is still under investigation and report pending.

Incident Reporting

In the 2008 Calendar year, Employee Safety reporting increased by 85%, and Client Safety Reporting increased by 200%. This increase does not necessarily reflect an increase in incidents, but rather an increase of staff reporting incidents. This increase in reporting reflects improved reporting systems and staff education around the importance and benefits of incident reporting.

Occupational Health & Safety (OH&S)

Training has been offered throughout the region in various classes including Transferring, Lifting and Repositioning (TLR) – Client and Object, Professional Assault Response Training (PART), Workplace Hazardous Material Information System (WHMIS), Safety for Supervisors, Understanding Harassment, and Transfer of Dangerous Goods (TDG). Currently 44% of the total staff are trained in these mandatory areas. As well, 44% of the staff have been fit tested for N95 respirators. This is an ongoing project with high priority staff being tested first.

Financial Summary

Deficit: \$401,789

Deficit as a percentage of actual operating expenditures: 1.7%

Number of days able to operate with working capital: (5.81)

Expenditures in program support funding pool as a percentage of total RHA operating expenditures: 11.5%

The Mamawetan Churchill River Health Region (Region) has experienced a deficit of \$0.4 million for the year ended March 31, 2009. This deficit resulted from revenues of \$23,066,895 and expenses of \$23,468,684.

Total actual operating revenues of \$23,066,895 were 3.2% (\$715,360) higher than the \$22,351,535 budgeted. The primary reasons were the Ministry of Health providing \$672,610 in additional funding related to collective wage agreements and the Saskatchewan Association of Health Organizations funding our region \$249,000 to assist in implementing nursing recruitment and retention initiatives and also \$60,000 for the Health Sector Career Pathing Project.

Initial year-end projections were for an estimated surplus of \$0.1 million. This worsened significantly at year end due to the correction of an error in the amount of unearned revenue our Region was able to bring into operating revenue.

The ending balance of the Region's unearned revenue was \$1.7 million. The majority of this figure relates to funding received from the Ministry of Health for specific initiatives. Therefore, the Region has received the funding to complete the initiatives but due to staffing issues and timing of the receipt of the funding, the Region has not completed the required health care services. We fully expect to complete our service responsibilities in the 2009-10 fiscal year and thus bring the majority of the unearned revenue into operations. The deficit represents 1.7% of the Region's actual operating expenditures. Surplus/deficit as a percentage of actual operating expenditures is a measure of financial viability and relative financial health of an organization. Financial viability refers to a Region's ability to fund growth, new programs, working capital needs and new equipment through an excess of revenues over expenses.

Working capital is critical to the financial operation of our Region. Working capital is the difference between current assets and current liabilities and two separate indicators have been calculated relating to working capital.

The working capital ratio (current assets / current liabilities), which represents the ability of the health region to use current assets to cover current liabilities, was 0.91. This number is below 1.0 indicating a working capital deficiency or a working capital deficit.

The number of days to operate with working capital is negative (5.8), which is the number of days to operate without additional revenues.

Although there is sufficient cash flow to meet monthly financial commitments, as evidenced by the Region not accessing our line of credit at any time during the 2008-09 fiscal year, our Region will place a strong emphasis on balanced financial operations in the future.

Operating expenses were 5.0% (\$1,118,467) higher than budget. The following is an analysis of the main programs impacting operating expenses:

Program	Budget Expenses	Actual Expenses	Variance Over Budget / (Under Budget)	Variance % of Actual
Acute Care	\$5,762,565	\$6,066,414	\$303,849	5.27%
Home Based Supportive Care	147,531	340,631	193,100	130.89%
Home Based - Acute & Palliative	782,976	1,009,846	226,870	28.98%
Population Health	3,503,883	3,110,988	-392,895	-11.21%
Primary Health Care	3,729,209	4,083,476	354,267	9.50%
Program Support Services	2,366,556	2,690,177	323,621	13.67%

Acute Care variance relates to severe staff shortages/recruitment issues. Due to the absence of a registered nurse pool, staff coverage for vacancies, sick time, and vacation time were covered by existing staff at overtime rates.

Supportive / Home Based Care (home care) sees a continuing trend of higher demand for service. This increased demand has presented an ethical dilemma for the region – increased staffing to respond to demands and needs or limit service to the capacity the region is funded. Providing home care services does diminish need for acute care service and affords a better quality of life for clients. Trends are a reflection of an increased aging population and the prevalence of chronic disease. In the region's larger communities of Creighton and La Ronge, a comprehensive home care program is provided to large numbers of clients with increasingly complex needs. Services include everything from home dialysis to tube feedings to clients with dementia/Alzheimer's disease.

The Population Health Unit (PHU) provides work on behalf of the three northern health authorities; Keewatin, Athabasca and Mamawetan. PHU is recognized provincially as a sound model for providing Medical Health Officer services, environmental health, communicable disease follow-up and chronic disease programming related to health promotion and disease prevention. Specific funding is targeted for PHU programs. Unexpended dollars for targeted programs are deferred to the next fiscal year.

Primary Health Care incurred increasing costs due to call back and overtime costs in the Pinehouse and Sandy Bay Health Centres. Since 2001, populations in both communities have increased by approximately 20%, without an increase in staffing levels of primary care nurses. This disparity has resulted in the increased costs to meet demand for health care services. In 2009-10, the Ministry of Health has funded new primary health care initiatives which will assist in the reduction of call back and overtime costs.

Program Support Services incurred a variance of \$323,621. This was primarily due to three programs: Finance, Human Resources and the Health Sector Career Pathing Project.

In 2008-09, our region's percentage of program support expenditures was 11.5% which is below the Ministry of Health's mandated maximum percentage of 12%.

Capital

The Ministry of Health provided funding of \$602,500 targeted for the following:

MCRHR Facility Upgrades	\$260,000
MCRHR Medical Equipment	140,000
NorthSask Laundry Facility Modernization	87,500
OHS Safety Lifting Equipment	65,000
Informational Technolgy Equipment	50,000
	<u>\$602,500</u>

The Ministry of Health commissioned VFA Canada Corporation to complete a facilities assessment for our region. VFA Canada is a leading world provider for integrated software and services for facilities asset management and capital planning. Their report of October 26, 2007 provided our region with a strategic plan to manage and upgrade our facility assets and to maximize the value of our capital assets. For the year 2008-09, the Ministry of Health provided our region with \$260,000 to upgrade prioritized capital projects based on the VFA Canada project listing.

Also in 2008-09, our region received donations totalling \$250,000 from four anonymous donors. The decision for the use of these funds is currently being finalized.

Our region manages capital equipment assets through the following methods/practices:

- Provision of regular and preventative maintenance by maintenance staff and/or contracted bio-medical staff for medical equipment and;
- Annual review of capital equipment needs to ensure replacement as required on a timely basis, and to ensure adequate facilities and equipment to provide services.

Business Continuity

Business Continuity/Disaster Recovery Plan is progressing towards finalization. The plan will include not only major disasters (loss of a building), but also routine interruptions to service (computers are down for half an hour). The plan will be focused on **what** is being interrupted, rather than **why**.

The region has established an Emergency Planning Officer position to focus on emergency preparedness and response.

Future Outlook/Emerging Issues

Patient First

The Mamawetan Churchill River Health Region is awaiting the results of the Patient First Review, expected in the fall of 2009. The region will work with the Ministry of Health to develop an action plan in response to the recommendations of the Review. It wants to ensure that the health system and its employees are focused on providing exceptional care and service to its clients. Monitoring and measuring outcomes will be a priority.

The Surgery Experience

While this health region does not actually perform surgeries, it is committed to improving both patient flow and the patient experience across the entirety of the surgery process, with an emphasis on discharge planning and enhancing the pre and post surgery experience.

Focus on Quality

We continue to participate regionally and provincially with the Quality as a Business Strategy team and will do so in to the future. As well, we will participate in the Quality Insight group and the Best Brain consultations.

The region will embark on the Health Quality Council led Quality Initiative Network, Productive Leader Program, as well as LEAN in healthcare. These initiatives will increase efficiency and effectiveness in the business of the organization providing client services.

The Quality, Safety and Health Information Services team will work on further development and progress of the regional risk management framework. The next step will be to collate all the information collected into a template outlining the risk we currently have. Following this a plan will be developed to mitigate those risks which will align with the regional strategic plan and the provincial direction.

In terms of education, the following will be completed by the team in the year 2009-10: Patient Safety Officer training in November 2009 and CHA's Risk Management and Continuous Quality Improvement courses via distance education starting in September 2009.

The Emergency Planning Coordinator will be hired in the first quarter of 2009-10. This will allow for additional development and training in the areas of pandemic planning, emergency planning, and First Responder training. As part of pandemic planning, there will be an increased emphasis on immunization.

Social Determinants of Health

The Population Health Unit is expected to produce an updated Health Status Report in 2009. This report will provide information on how poverty and other social conditions affect health, and help provide direction to the region's programs and services.

Diabetes Prevention and Management

MCRHR continues to increase its capacity to address the high rates of diabetes in its communities and overall population. In 2008-09, the region filled its diabetes nurse educator and dietitian vacancies, and supported three local paraprofessionals seek diabetes education and certification. MCRHR looks forward to piloting and evaluating the Living Well With Chronic Disease Management program in Pinehouse in 2009-10, with region-wide roll-out planned after the program has been evaluated. Interdisciplinary collaboration is an integral component of diabetic services and support provided across the region as public health nurses, home care staff, primary health care nurses, the dietitian, diabetes nurse educator, pharmacist, community health educators and others work together to coordinate and provide retinopathy clinics, foot care clinics, diabetes networking, support building and educational opportunities for Northern clients. Programming for gestational diabetics will also be under development in the 2009-10 fiscal year. The region's diabetes plan will be reviewed, updated and expanded in 2009-10, and will include outputs, process and outcome indicators.

Tobacco Reduction and Cessation Support

Due to high tobacco use rates, MCRHR will be developing a tobacco reduction and cessation support strategy. Simple and standard screening tools will be made adopted to ensure appropriate resources, educational materials and support is available to health care clients and community members at-large. Emphasis will be on the prevention of tobacco use by youth and subsequently multi-prong, health promotion strategies will be utilized to decrease rates.

Autism Spectrum Disorder Services

In August, 2008, MCRHR provided summer program and respite support to primary caregivers of individuals living with ASD in the region. MCRHR will be building upon the success of this uptake in the 2009-2010 year through ongoing intersectoral partnership and communication. MCRHR has secured funding for ASD services and will be exploring opportunities to work collaboratively and creatively to ensure the programming and support available to individuals, and caregivers supporting individuals, living with ASD is effective and meaningful in 2009 and beyond.

Organization Development Project

MCRHR has received \$75,000 as part of the \$6 million Health Workforce Employee Retention Program, which supports creative, grassroots initiatives designed to help keep health employees working in Saskatchewan's health care system.

The project will consist of hiring an organizational development consultant who will assist the organization in making the sustainable changes required to improve the morale, retention and department issues.

Recruitment and Retention

While the recruitment and retention of qualified staff in all occupations are ongoing concerns, the region will fully engage in the SUN Partnership Agreement in the 2009-10 fiscal year. Discussions between region management and representatives of the Saskatchewan Union of Nurses are expected to result in positive initiatives.

Health Risk Assessment/Quality Workplace Initiatives

In 2008-09, the MCRHR Wellness Team developed its terms of reference. The purpose of this team, which is comprised of in and out of scope staff from a variety of departments, is to develop and implement workplace wellness initiatives, promote, review and approve funding (Wellness Grants) for community based health promotion initiatives, and to increase awareness about population health promotion approaches.

In 2008-09, the MCRHR Wellness Team implemented a Health Risk Assessment (HRA) project as a quality workplace initiative. The purpose of the HRA project was twofold: to provide MCRHR staff with the opportunity to receive their own, personal (confidential) health profile inclusive of health age, wellness score, health risk factor assessment, and recommendations for positive lifestyle changes, and to provide the MCRHR Wellness and Leadership Teams with an aggregate (de-identified, statistical) report that will be used to plan health promoting initiatives that seek to enhance the quality of MCR's workplaces and positively impact recruitment and retention in the future.

The aggregate report will be made available to stakeholders (employees, board members etc.) in 2009-10. It will identify top health issues and concerns that are prevalent throughout the organization, the stage and level of readiness for change in these areas, and recommendations for actions to improve the health and well-being of our healthcare workforce. It will also include comparable provincial/national health data and a profile of a healthy company as outlined in the scientific literature. The HRA project will be ongoing and the MCRHR Wellness Team looks forward to strategic planning in 2009-10 upon the receipt of the aggregate report. The health risk assessment aggregate report will be reviewed and utilized alongside Work Life Pulse Survey results, which were part of the Accreditation process, to increase employee health and well-being, and to enable the organization to monitor and evaluate the outcome of quality workplace initiatives

Intersectoral Work and Developments

Integrated Case Management

In 2008-09, MCRHR hosted a series of Integrated Case Management (ICM) workshops in La Ronge for leaders, managers and frontline workers from human and health service agencies.

As a result of these workshops, a (two-tier) ICM model and partnership was formalized including an advocacy process whereby frontline staff will forward concerns and challenges encountered while employing ICM tools and processes to an intersectoral supervisory

committee. A memorandum of understanding was also created to formalize roles, responsibilities and accountabilities of organizations wishing to participate in the implementation of the new model.

The ICM model will be piloted, monitored and evaluated in La Ronge in 2009-11 with the following target population:

- women who have (or at risk of having) housing issues and/or are experiencing (or at risk of experiencing) intimate partner violence and
- are pregnant and/or are primary caregivers of children.

MCRHR has committed to co-chairing the newly established ICM Supervisory Committee for at least one year.

40 Developmental Asset North-wide Project

A report on best practice released by the Ministry of Health's Population Health Branch in Spring 2008, prompted the health promotion team to explore partnership and initiative possibilities that would incorporate the 40 Developmental Asset Approach. After much intersectoral dialogue in the Summer and Fall of 2008, the North-wide 40 Developmental Asset Planning Committee formed and the project was conceptualized. The first phase of this project will be the implementation of the 40 Developmental Asset Attitude and Behaviour Survey which will provide local schools, health regions, and the school division (Northern Lights School Division-wide) with baseline data on internal and external developmental assets, as well as high risk behaviours. Over 2200 grade 6-12 students are anticipated to participate in the survey in Fall/Winter 2009. As the region looks forward to phases two thru five of the project, the potential to engage additional stakeholders, utilize meaningful data in multiple ways, strategically target resources (human and financial), inject the 40 developmental asset approach into new and existing programming in communities, and build upon and strengthen the external assets that exist outside of youth and internal assets that exist within them, seem endless. 55% of the MCRHR population is under the age of 25 and thus implementing this long-term project and youth-focussed approach has the potential to significantly impact health at the population level.



Governance and Transparency

Roles and Responsibilities of Mamawetan Churchill River Regional Health Authority:

The roles and responsibilities of the Authority are as defined in the Accountability Document which discusses the expectations in relation to the following key areas:

- ♦ Strategic Planning
- ♦ Fiscal management and reporting
- ♦ Relationships
- ♦ Quality management
- ♦ Monitoring, evaluation and reporting
- ♦ Management and performance.

The RHA membership has traditionally been reflective of the communities we serve and generally meets publicly 10 times per year in communities throughout the region, utilizing a consensus model of decision making. At each meeting, RHA members are expected to report on their community's activities, events and issues. In 2008-09, in addition to the Committee of the Whole, as described under the Act, the RHA had three standing committees, as follows:

- ♦ Continuous Quality Improvement;
- ♦ Joint Conference;
- ♦ Human Resource Committee.

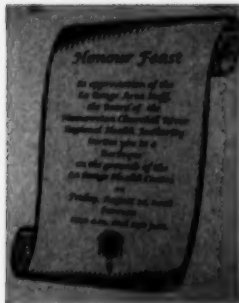
The entire Board acts as the Audit Committee. The Ethics Committee reports directly to the Board and includes a Board representative.

Two RHA members serve on the Northern Health Leadership Working Group of the Northern Health Strategy. The Chair and Vice-Chair are also members of the Northern Health Authorities Co-management Partnership Committee. In addition, the Practitioner Liaison Council, the Northern Human Services Partnership, SAHO Board, Provincial Advisory Council on Older Persons, Flin Flon/Creighton Human Health Risk Community Advisory Committee and the North Sask Laundry Board include representatives from the RHA. The Board Chair and two members of the RHA participate in the Health Quality Council initiative, Quality as a Business Strategy. They participate in provincial workshops, and meet as part of the regional QBS team.

In 2008-2009, the RHA met nine times in La Ronge. Notices of the meetings are sent to the media inviting public attendance. Highlights of the public meetings, in the form of RHA Notes, are distributed to the media following the meetings. Both the notices and RHA Notes are posted on the region's website.

Board members attended the Northern Health Strategy Northern Leadership Forum in June. As part of its ongoing commitment to board development, the RHA members attended the SAHO Annual Conference, and were engaged in the resolutions process at the SAHO Annual General Meeting.

The Board was actively involved in the accreditation process, following up on action items related to the Governance standards, and meeting with surveyors.



This fiscal year, the Board initiated the Honour Feast as a way of extending appreciation to all employees. In September, 2008, Board members spent a weekend with the Executive Team reviewing the Mission, Vision and Values statement and the setting the direction for the strategic plan for the next three years.

The Board members that served until February, 2009 were: Al Rivard, Chairperson; Mary Denechezhe, Vice-Chairperson; Peter Bear; Larry Beatty; William Dumais; Charlene Logan; Al Loke; Ida Ratt-Natomagan; Josie Searson; Louise Wiens; and Ron Woytowich.

Eight Board members were appointed in February, 2009 to serve a three year term. They are:

Joe Hordyski, Chairperson;
Ina Fietz Ray, Vice-Chairperson;
Leon Charles;
Al Rivard;
Josie Searson;
Rosalie Tsannie-Burseth;
Louise Wiens; and
Ron Woytowich.



Former MCCRHA Chairperson, Al Rivard (left), with current Chairperson, Joe Hordyski (right).

Orientation to their roles and responsibilities took place at a provincial education session in March, 2009. In addition, regional orientation sessions have been held to provide board members with information on programs and services, and the opportunities and challenges facing the Mamawetan Churchill River Health Region.

Community Advisory Networks:

Community Advisory Networks are to consist of volunteers who assist the Regional Health Authority to understand the needs, preferences and priorities of people and communities, and advise the Authority on broad issues. The Board revised its regional policy and Terms of Reference for Community Advisory Networks and is looking forward to a dynamic process in 2009-10.

Payee List

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY PAYEE DISCLOSURE LIST For the Year Ended March 31, 2009

As part of government's commitment to accountability and transparency, the Ministry of Health and Regional Health Authorities disclose payment of \$50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures.

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total \$50,000 or more.

Abrametz, Cathryn	\$	53,078
Ballentyne, Alison		64,928
Beal, Melanie		58,113
Beaudin, Donovan		69,926
Beckman, Bart		52,168
Bell, Ivy		75,260
Biliske, Barbara		79,493
Bird, Shelley		55,475
Bower, John		51,814
Brakstad, Gregory		62,261
Brown, Ken		60,904
Caisse, Donald		64,198
Cannon, William		211,411
Cannon, Janet		67,457
Carolus, Andrew		88,291
Catte, Luanne		60,038
Chisholm, Kathleen		126,826
Christiansen, Allison		67,250
Clark, Colleen		51,038
Coe, Jeannie		57,625
Croissant, Helen		63,042
Desroches, Wendy		68,452
Eckhart, Karen		69,827
Erikson, Irene		67,643
Ermine, Debbie		69,270
Fikoloma, Ruth		56,640
Fortman, Robert		61,562
Francais, Michelle		54,841
Fry, Michael		134,837

Funk, Krista	\$	73,976
Funk, Jason		61,335
Galloway, Pat		91,065
Galloway, Justin		64,657
Garcia, Glenda		62,385
George, Gisha		105,557
Giles, Barry		73,823
Goulet, Millie		67,176
Graham, Bryce		100,049
Gray, Janet		75,062
Greuel, Cindy		75,660
Grimard, Joanne		53,074
Haberman, Cory		116,311
Hakes, Jacqueline		87,069
Halland, Susan		92,886
Hallberg, Dianne		62,126
Haydukewich, Karien		77,615
Hesse, Bernhard		62,657
Hewison, Morley		72,670
Hilderman, Deb		60,076
Hill, Russell		94,454
Hintz, Crystal		66,163
Johnson, Jennifer		83,576
Keith, Heather		104,011
Klassen, Ellen		97,334
Kostyshyn, Carley		66,596
Kowalczyk, Kenneth		97,492
Kuffner, Wayne		90,421
Legebokoff, Denise		77,947

Payee List (continued)

Mabee, Guy	\$ 53,325	Sabu, Binu Asha	\$ 86,934
Mackay, Michelle	87,580	Sampson, David	80,719
Mayotte, Amanda	89,801	Schommer, Kimberly	86,073
McDonald, Evelyn	66,105	Schwartz, Blaire	82,901
McDonald, David	52,142	Senft, Laurie	56,694
McKeen, Joanne	58,684	Senik, Janet	58,476
McPhail, Wendy	70,002	Skalicky, Curtis	85,532
Mesfin, Rediate	117,944	Slugoski, Deena	76,782
Mikolayenko, Linda	74,930	Smith, Phyllis	70,538
Mishak Beckman, Brenda	114,944	Stockdale, Donna	104,662
Moore, Michelle	218,559	Storozuk, Karen	67,322
Mwewa, Gospel	101,001	Swann, Sharyn	97,133
Myslicki, Crystal	87,590	Taggart, Debbie	65,676
Nateweyes, Tanya	71,975	Taylor, Patricia	196,586
Nefedow, Valerian	70,717	Taylor, James	96,374
Ohrn, Harry	66,486	Trites, Pamela	82,385
Ohrn, Caroline	60,457	Vandergucht, Francine	83,788
Olsen, Joan	63,287	Vincent, Jay	59,038
Penney, Cindy	122,939	Watt, Dorla	90,987
Phillips, Stuart	66,137	Whaley, Rebecca	86,313
Pollon, Betty	51,804	Williams, James	74,297
Quinn, Brian	78,106	Wilson, Jody Lee	81,340
Radloff, Jennifer	86,840	Wolkosky, Patricia	109,851
Ratcliffe, Maureen	64,101	Wolkosky, Charmaine	53,269
Ray, Joanne	69,289	Young, Maxwell	98,831
Redman, Calvin	64,889	Zarazun, Laurie	75,528
Roesler, Diane	80,882	Zlipko, John	50,492
Ross, Loretta	57,811		

Supplier Payments

Listed are payees who received \$50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

Brodie, Dr. Brian	\$ 53,112
Creighton Alcohol and Drug Abuse Council Inc.	148,453
Federated Cooperatives Limited	206,740
Gardiner, Napoleon	128,301
Gillis, Carol	81,964
Great West Life	76,134
Irwin Physiotherapy Professional Corporation	57,528
J.A. Steyn Medical Professional Cooperation	928,750
Kaministikochiwak Development Corporation	186,555
Lac La Ronge Indian Band	70,830
La Ronge Emergency Medical Services	667,464
Luckett Wenman & Associates	68,512
Medi-Cross Pharmasave	262,024
Ministry of Government Services	537,054
North Sask Laundry and Support Services	186,168
Northsask Special Needs Housing, Employment, Recreation Inc.	185,265
Northern Inter-Tribal Health Unit	108,737
Nor-Man Regional Health Authority	36,768
Ortho Clinical Diagnostics	95,795
PEBA/Public Employee Pension Plan	136,429
Pelican Narrows Ambulance Service 617500 Saskatchewan Ltd.	58,673
Prince Albert Parkland Health Region	87,500
Ralph, Robert	119,833
Revenue Canada	4,039,588
S.A.H.O. Dental Benefits	131,931
S.A.H.O. Dip Benefits	110,687
S.A.H.O. Extended Health Care	251,351
Saskatchewan Association Health Organizations (S.A.H.O.)	61,963
Saskatchewan Government Employees Union	55,668
Saskatchewan Government Employees Union - Local	66,702
Saskatchewan Healthcare Employee's Pension Plan	1,115,917
Saskatchewan Housing Corporation	70,822
Saskatchewan Power Corporation	108,671
Saskatchewan Telecommunications	175,689
Saskatchewan Worker's Compensation Board	178,354
Schaan Healthcare Products	218,817
Stoll, Dr. David	62,980
Supreme Basics	57,684
Sysco Food Services of Regina	164,055
Transwest Air	118,054

Management Report

Mamawetan Churchill River Health Region

"Working together in wellness to promote, enhance and maintain quality of life."



May 1, 2009

MAMAWETAN CHURCHILL RIVER HEALTH REGION REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Mamawetan Churchill River Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by the Saskatchewan Ministry of Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Board which acts as the Finance/Audit Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Kathy Chisholm
Chief Executive Officer

Kenneth J. Kowalczyk
Chief Financial Officer

www.mccrrha.sk.ca

2008-09 Financial Report

**MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH
AUTHORITY
FINANCIAL STATEMENTS
FOR THE YEAR ENDED MARCH 31, 2009**



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Prince Albert, SK S6V 1E9
Canada

Tel: (306) 763-7411
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www.deloitte.ca

AUDITORS' REPORT

TO THE BOARD OF DIRECTORS OF THE MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY

We have audited the statement of financial position of the Mamawetan Churchill River Regional Health Authority as at March 31, 2009 and the statements of operations and changes in fund balances and cash flows for the year then ended. These financial statements are the responsibility of management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Authority as at March 31, 2009 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

A handwritten signature in cursive script that reads "Deloitte & Touche LLP".

Chartered Accountants

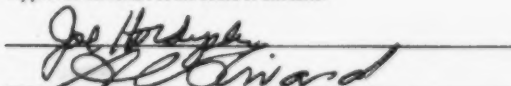
May 1, 2009

Statement 1

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
As at March 31, 2009

	Operating Fund	Restricted Funds		Total 2009	Total 2008
		Capital Fund	Community Trust Fund		
ASSETS					
Current assets					
Cash and short-term investments (Statement 3)	\$ 2,522,587	\$ 876,377	\$ 18,054	\$ 3,417,018	\$ 2,545,936
Accounts receivable					
Ministry of Health - General Revenue Fund	-	-	-	-	78,783
Other	930,806	49,077	-	979,883	1,078,324
Inventory	164,291	-	-	164,291	170,763
Prepaid expenses	83,122	-	-	83,122	76,891
	<u>3,700,806</u>	<u>925,454</u>	<u>18,054</u>	<u>4,644,314</u>	<u>3,950,697</u>
Capital assets (Note 3)	<u>-</u>	<u>10,001,398</u>	<u>-</u>	<u>10,001,398</u>	<u>10,131,754</u>
Total Assets	<u>\$ 3,700,806</u>	<u>\$ 10,926,852</u>	<u>\$ 18,054</u>	<u>\$ 14,645,712</u>	<u>\$ 14,082,451</u>
LIABILITIES & FUND BALANCES					
Current liabilities					
Accounts payable	\$ 1,000,361	\$ 93,067	\$ -	\$ 1,093,428	\$ 966,720
Accrued salaries	545,410	-	-	545,410	439,908
Vacation payable	785,835	-	-	785,835	672,570
Deferred revenue (Note 5)	1,742,899	-	-	1,742,899	1,395,103
	<u>4,074,505</u>	<u>93,067</u>	<u>-</u>	<u>4,167,572</u>	<u>3,474,301</u>
Fund Balances					
Invested in capital assets	-	10,001,398	-	10,001,398	10,131,754
Externally restricted (Schedule 3)	-	506,831	18,054	524,885	312,216
Internally restricted (Schedule 4)	-	325,556	-	325,556	136,090
Unrestricted	(373,699)	-	-	(373,699)	28,090
Fund balances - (Statement 2)	<u>(373,699)</u>	<u>10,833,785</u>	<u>18,054</u>	<u>10,478,140</u>	<u>10,608,150</u>
Total Liabilities & Fund Balances	<u>\$ 3,700,806</u>	<u>\$ 10,926,852</u>	<u>\$ 18,054</u>	<u>\$ 14,645,712</u>	<u>\$ 14,082,451</u>
Commitments (Note 4)					
Pension Plan (Note 10)					

Approved on behalf of the board of directors:



The accompanying notes and schedules are part of these financial statements.

Statement 2

**MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31, 2009**

	Operating Fund			Restricted			
	Budget 2009	2009	2008	Capital Fund 2009	Community Trust Fund 2009	Total 2009	Total 2008
REVENUES							
Ministry of Health - general	\$ 19,848,255	\$ 20,339,615	\$ 18,620,172	\$ 602,500	\$ -	\$ 602,500	\$ 272,102
Other provincial	524,862	918,405	509,821	12,625	-	12,625	-
Federal government	382,100	374,381	173,408	-	-	-	-
Special funded programs	258,973	202,228	198,198	-	-	-	-
Patient fees	362,500	363,512	357,421	-	-	-	-
Out of province (reciprocal)	23,500	29,333	22,636	-	-	-	-
Out of country	1,000	1,580	995	-	-	-	-
Donations	-	-	-	276,541	-	276,541	24,465
Investment	72,000	66,256	81,355	8,999	-	8,999	10,284
Ancillary	103,800	112,682	109,069	-	-	-	-
Recoveries	694,150	618,036	555,785	-	-	-	-
Other	80,395	40,867	10,694	-	1,699	1,699	8,312
Total revenues	22,351,535	23,066,895	20,639,554	900,665	1,699	902,364	315,163
EXPENSES							
Province wide acute care services	145,561	158,920	142,882	-	-	-	459,625
Acute care services	5,762,565	6,066,414	6,011,809	571,294	-	571,294	-
Physician compensation - acute	45,000	42,889	41,178	-	-	-	19,946
Supportive care services	526,567	630,259	602,754	14,494	2,018	16,512	-
Home based service - supportive care	147,531	340,631	215,499	-	-	-	-
Population health services	3,503,883	3,110,988	2,556,034	-	-	-	-
Community care services	3,113,459	2,931,057	2,654,490	-	-	-	-
Home Based Services - acute & palliative	782,976	1,009,846	894,863	-	-	-	-
Primary health care services	3,729,209	4,083,476	3,099,503	18,622	-	18,622	6,941
Emergency response services	795,517	928,415	791,499	24,156	-	24,156	-
Addictions services - residential	302,498	323,044	312,188	-	-	-	24,733
Physician compensation - community	868,000	959,738	843,830	-	-	-	-
Program support services	2,366,556	2,690,177	2,210,409	-	-	-	-
Special funded programs	248,026	181,336	159,428	-	-	-	-
Ancillary	12,869	11,494	12,749	-	-	-	-
Total expenses (Schedule 1)	22,350,217	23,468,684	20,549,115	628,566	2,018	630,584	511,245
Excess (deficiency) of revenues over expenses	\$ 1,318	(401,789)	90,439	272,099	(319)	271,780	(196,082)
Fund balances, beginning of year		28,090	87,651	10,561,686	18,373	10,580,059	10,626,141
Interfund transfers (Note 13)		-	(150,000)	-	-	-	150,000
Fund balances, end of year		\$ (373,699)	\$ 28,090	\$ 10,833,785	\$ 18,054	\$ 10,851,839	\$ 10,880,059

The accompanying notes and schedules are part of these financial statements.

Statement 3

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW¹
For the Year Ended March 31, 2009

	Operating Fund		Restricted Fund			Total
	2009	2008	Capital Fund	Community Trust Fund	Total 2009	Total 2008
Cash Provided by (used in):	Operating Activities		Financing and Investing Activities			
Excess (deficiency) of revenue over expenses	\$ (401,789)	\$ 90,439	\$ 272,098	\$ (319)	\$ 271,779	\$ (196,082)
Net change in non-cash working capital (Note 6)	603,038	349,825	267,698	-	267,698	(315,263)
Amortization of capital assets	-	-	483,120	-	483,120	494,659
(Gain) on disposal of capital assets	-	-	-	-	-	(100)
	<u>201,249</u>	<u>440,264</u>	<u>1,022,916</u>	<u>(319)</u>	<u>1,022,597</u>	<u>(16,786)</u>
Purchase of capital assets						
Buildings/construction	-	-	(14,209)	-	(14,209)	(153,576)
Equipment	-	-	(338,555)	-	(338,555)	(209,976)
Proceeds on disposal of capital assets						
Equipment	-	-	-	-	-	100
	<u>-</u>	<u>-</u>	<u>(352,764)</u>	<u>-</u>	<u>(352,764)</u>	<u>(363,452)</u>
Net increase (decrease) in cash & short term investments during the year	201,249	440,264	670,152	(319)	669,833	(380,238)
Cash & short term investments, beginning of year	2,321,338	2,031,074	206,225	18,373	224,598	454,836
Interfund transfers (Note 13)	-	(150,000)	-	-	-	150,000
Cash & short term investments, end of year (Schedule 2)	<u>\$ 2,522,587</u>	<u>\$ 2,321,338</u>	<u>\$ 876,377</u>	<u>\$ 18,054</u>	<u>\$ 894,431</u>	<u>\$ 224,598</u>

¹ Statement is prepared on a fund accounting basis using the indirect method (see CICA paragraph 4400.48).

The accompanying notes and schedules are part of these financial statements.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2009

1. Legislative Authority

The Mamawetan Churchill River Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Mamawetan Churchill River Health Region, under section 27 of *The Act*. The RHA is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles and include the following significant accounting policies.

a) Health Care Organizations

- i) The RHA has agreements with and grants funding to the following Community Based Organizations (CBOs) and third parties to provide health services:

Creighton Alcohol and Drug Abuse Council Inc.
La Ronge Emergency Medical Services
Nor-Man Regional Health Authority
Pelican Narrows Ambulance Service 617500 Saskatchewan Ltd.

Note 8 b) i) provides disclosure of payments to CBOs and third parties.

b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Ministry of Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2009

2. Significant Accounting Policies – (continued)

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Ministry of Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community-generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	2 $\frac{1}{2}$ % and 10%
Equipment	5% to 20%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2009

2. Significant Accounting Policies – (continued)

e) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen, and other. All inventories are held at the lower of cost or net realizable value as determined on the first in, first out basis.

f) Pension

Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

g) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian Generally Accepted Accounting Principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

h) Financial Instruments

The RHA has classified its financial instruments into one of the following categories: held-for-trading, loans and receivables, or other liabilities.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length transaction between knowledgeable and willing parties under no compulsion to act. Subsequent to initial recognition, held-for-trading instruments are recorded at fair value with changes in fair value recognized in income. Loans and receivables and other liabilities are subsequently recorded at amortized cost. The classifications of the RHA's significant financial instruments are as follows:

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2009

2. Significant Accounting Policies – (continued)

- Cash and short-term investments are classified as held-for-trading.
- Accounts receivable are classified as loans and receivables.
- Accounts payable, accrued salaries and vacation payable are classified as other liabilities

As at March 31, 2009 (2008 – none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives.

The RHA is exposed to financial risks as a result of financial instruments. The primary risks the RHA may be exposed to are:

- Price risks which include: Currency risk – affected by changes in foreign exchange rates; Interest rate risk – affected by changes in market interest rates; and Market risk – affected by changes in market prices, whether those changes are caused by factors specific to the individual instrument of the issuer or factors affecting all instruments traded in the market.
- Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss.
- Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with financial instruments. This may result from an inability to sell a financial asset quickly at close to its fair value.
- Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

The RHA has policies and procedures in place to mitigate these risks.

3. Capital Assets

	March 31, 2009			March 31, 2008
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	\$ 407,572	\$ -	\$ 407,572	\$ 407,572
Buildings	13,100,516	4,286,489	8,814,027	9,135,717
Equipment	3,373,889	2,594,090	779,799	588,465
	<u>\$ 16,881,977</u>	<u>\$ 6,880,579</u>	<u>\$ 10,001,398</u>	<u>\$ 10,131,754</u>

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2009

4. Commitments

a) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next three years are as follows:

2010	\$ 60,869
2011	22,522
2012	6,245

b) Contracted Health Service Operators

The RHA contracts on an ongoing basis with private health service operators to provide health services in the RHA. The RHA has contracted for services in the year ending March 31, 2010 similar to those provided by these operators in the prior fiscal year.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2009

5. Deferred Revenue

	Balance Beginning of Year (Note 9)	Less Amount Recognized	Add Amount Received	Balance End of Year
Ministry of Health Initiatives				
Ministry of Health – General Revenue Fund				
Population Health (PHU)	\$ 286,187	\$ 1,400,735	\$ 1,349,512	\$ 234,964
Northern Healthy Community Partnerships	59,047	19,388	45,000	84,659
Northern Regional Intersectoral Committee	30,315	103,499	87,500	14,316
Uranium Monitoring	40,704	98,244	57,540	-
<i>Health Improvement Initiatives</i>				
Aboriginal Awareness Program	42	42	-	-
Addictions - Prevention and Education	43,495	95,676	75,000	22,819
Addictions - Secure Youth Detoxification	39,886	95,337	100,555	45,104
Autism	-	5,192	81,580	76,388
Babies Books and Bonding	-	-	20,000	20,000
Children Mental Health	9,568	250	12,754	22,072
Dental Health Education	2,258	50	15,500	17,708
Health Workforce Retention Program	24,098	18,259	-	5,839
Infant Mortality	86,569	70,746	80,000	95,823
Injection Drug Use Strategy	16,496	-	-	16,496
Infection Control	18,047	140,439	122,392	-
Integrated Case Management	-	164,436	166,000	1,564
Needle Exchange	-	6,815	61,172	54,357
Northern Health Strategy Report	129,413	453,593	324,180	-
Nursing Education Staff Development	5,938	5,938	-	-
Nurse Mentorship Program	15,214	15,214	-	-
Occupational Health and Safety	18,416	18,416	-	-
Organizational Development	-	-	75,000	75,000
Outreach Mental Health Services	35,159	71,368	76,000	39,791
Primary Health Care RN (N/P)	71,838	141,525	143,000	73,313
Safety Training	-	10,571	11,700	1,129
SIMS & iPHIS	21,457	1,593	-	19,864
Tuberculosis Outbreaks	-	-	100,000	100,000
Type 2 Diabetes/KYRHA	7,786	3,696	-	4,090
Water Strategy	20,000	20,000	-	-
Workplace Wellness	1,182	27,222	26,040	-
Total Ministry of Health	\$ 983,115	\$ 2,988,243	\$ 3,030,425	\$ 1,025,297

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2009

5. Deferred Revenue – (continued)

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Non Ministry of Health Initiatives				
Babies Books and Bonding	\$ 39,408	\$ 19,388	\$ 7,000	\$ 27,020
Chronic Disease Nurse	-	-	27,900	27,900
Drop the Pop	21,463	11,909	8,300	17,854
Food Security Development	-	-	8,000	8,000
Health Quality Council	5,175	365	-	4,810
Infant Mortality	-	-	9,000	9,000
Kids First North Mental Health	14,334	95,657	103,500	22,177
Kids First North Pre Natal Calendar Project	9,712	519	-	9,193
Kids First North Screening	22,572	62,151	80,500	40,921
Lateral Violence	3,224	7,517	5,800	1,507
Northern Health Strategy	105,900	365,595	353,700	94,005
Northern Regional Intersectoral Committee	23,000	-	15,662	38,662
SRNA Quality Workplace Program Agreement	8,279	-	-	8,279
SUN Recruitment and Retention	-	-	168,928	168,928
Uranium Monitoring	158,920	13,964	79,460	224,416
Victim Services	-	-	14,930	14,930
Total Non Ministry of Health	\$ 411,987	\$ 577,065	\$ 882,680	\$ 717,602
Total Deferred Revenue	\$ 1,395,102	\$ 3,565,308	\$ 3,913,105	\$ 1,742,899

Restricted funding related to general operations from Ministry of Health - General Revenue Fund is recorded as revenue as the related costs are incurred. Other sources are recorded as revenue as the related costs are incurred.

6. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2009	2008	Capital Fund	Community Trust Fund	Total 2009	Total 2008
(Increase) Decrease in accounts receivable	\$ (2,837)	\$ (182,304)	\$ 180,060	\$ -	\$ 180,060	\$ (207,133)
Decrease (Increase) in inventory	6,472	36,766	-	-	-	-
(Increase) Decrease in prepaid expenses	(6,231)	11,176	-	-	-	-
Increase (Decrease) in accounts payable	39,070	311,549	87,638	-	87,638	(102,130)
Increase (Decrease) in accrued salaries	105,502	70,656	-	-	-	-
Increase (Decrease) in vacation payable	113,265	(6,074)	-	-	-	-
Increase (Decrease) in deferred revenue	347,797	108,056	-	-	-	(6,000)
	\$ 603,038	\$ 349,825	\$ 267,698	\$ -	\$ 267,698	\$ (315,263)

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2009

7. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2009, was \$8,640 (2008 \$26,682). These amounts are not reflected in the financial statements.

8. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as departments, corporations, boards, and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the financial statements at the standard rates charged by those organizations and are settled on normal trade terms.

	2009	2008
Revenues		
Saskatchewan Government Insurance	\$ 44,420	\$ 33,004
Northern Medical Services	507,550	418,078
Other RHA's	130,589	205,052
Other	60,063	30,351
	<u>\$ 742,622</u>	<u>\$ 686,485</u>
Expenditures		
Saskatchewan Association Health Organizations	\$ 466,505	\$ 538,087
Ministry of Government Services	562,959	450,274
Workers Compensation Board	178,354	200,298
North Sask Laundry & Support Services Ltd.	186,168	176,592
Saskatchewan Telecommunications	263,743	389,282
Public Employees Superannuation Plan	136,429	161,095
Saskatchewan Healthcare Employee's Pension Plan	1,115,917	986,333
Saskatchewan Power Corporation	108,681	105,093
Other RHA's	287,674	17,607
Saskatchewan Government Employees Union	55,668	54,707
Saskatchewan Housing Corporation	70,822	69,504
Other	7,749	77,222
	<u>\$ 3,440,670</u>	<u>\$ 3,226,094</u>

**MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2009**

8. Related Parties – (continued)

	2009	2008
Accounts Receivable		
Other RHA's	\$ 177,050	\$ 156,791
Saskatchewan Association Health Organizations	43,657	14,846
Northern Medical Services	128,700	115,200
Other	93,228	14,351
	<u>\$ 442,635</u>	<u>\$ 301,188</u>
 Prepaid Expenditures		
Workers Compensation	<u>\$ 26,215</u>	<u>\$ 41,634</u>
 Accounts Payable		
Saskatchewan Property Management Corporation	\$ 25,107	\$ 22,779
Saskatchewan Telecommunications	11,341	15,249
Saskatchewan Association Health Organizations	24,109	25,562
Saskatchewan Healthcare Employee's Pension Plan	84,203	112,296
Other RHA's	226,997	15,000
Other	44,922	23,692
	<u>\$ 416,679</u>	<u>\$ 214,578</u>

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Department of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

b) Health Care Organizations**i) Community Based Organizations (CBOs) and Third Parties**

The RHA has also entered into agreements with CBOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to CBOs and Third Parties:

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2009

8. Related Parties – (continued)

	2009	2008
Creighton Alcohol and Drug Abuse Council Inc.	148,453	142,000
La Ronge Emergency Medical Services	667,464	648,728
Nor-Man Regional Health Authority	36,768	36,768
Pelican Narrows Ambulance Service 617500 Saskatchewan Ltd.	58,673	35,840
	<u>\$ 911,358</u>	<u>\$ 863,336</u>

9. Comparative Information

Certain 2007-2008 balances have been reclassified to conform to the current year's presentation.

10. Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).
2. Public Service Superannuation Plan (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.
3. Public Employees' Pension Plan (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's obligation to the plans is limited to making required payments for its participating employees for current services. Pension expense for the year amounted to \$687,846 (2008 - \$610,231) and is included in benefits in Schedule 1.

	2009				2008
	SHEPP ¹	PSSP	PEPP	Total	Total
Number of active members	199	2	17	218	229
Member contribution rate, percentage of salary	6.4-9.0%	7.0-9.0%	6.0-7.0%		
RHA contribution rate, percentage of salary	7.2-10.1%	25.5-32.8%	6.0-7.0%		
Member contributions	526,365	8,888	65,828	601,081	533,257
RHA contributions	589,560	32,352	65,935	687,846	610,231

* Contribution rate varies based on employee group.

¹ Active members include all employees of the RHA, including those on leave of absence as of March 31, 2009. Inactive members are transferred to SHEPP and not included in these results.

**MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2009**

11. Budget

The RHA Board approved the 2008-2009 budget plan on May 30, 2008.

12. Financial Instruments

a) Significant terms and conditions

Loan Guarantee

Mamawetan Churchill River Regional Health Authority is one of four shareholders of North Saskatchewan Laundry & Support Services Ltd. This company supplies laundry services to its owners for a fee that is intended to insure the company has sufficient cash flows to operate effectively. The company is incorporated under the Saskatchewan Business Corporations Act and is treated as a not for profit company for tax purposes. In February 2005, the Board of Directors passed a resolution to guarantee a \$100,000 operating loan for the laundry service, which is (1/4) of our proportionate share. The liability of Mamawetan Churchill River Regional Health Authority is limited to \$22,888 (2008- \$43,456).

b) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Ministry of Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short term nature.
 - Accounts receivable
 - Accounts payable
 - Accrued salaries and vacation payable
- Cash and short-term investments are recorded at fair value as disclosed in Schedule 2.

d) Operating Line of Credit

The RHA has a line of credit of \$500,000 (2008- \$500,000) with an interest rate charged at prime rate, which is re-negotiated annually. The line of credit is secured by an Assignment and Hypothecation of Revenues. Total interest paid on the line of credit in 2009 was \$nil (2008 \$nil). The line of credit was approved by the Minister on June 19, 2002.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2009

13. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2009			2008		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Building renovations	\$ -	\$ -	\$ -	\$ (45,000)	\$ 45,000	\$ -
Capital asset purchases	-	-	-	(105,000)	105,000	-
	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ (150,000)</u>	<u>\$ 150,000</u>	<u>\$ -</u>

14. Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

15. Community Generated Funds

Under the terms of the pre-amalgamation agreement, the RHA has agreed to hold community-generated assets in trust. The Board established a separate fund for the assets of each trust. Health corporations formerly held these assets before amalgamating with the Board. The assets are interest bearing with the interest credited to the trust balance. The Board presently administers \$18,054 (2008 - \$18,373) under these agreements. The assets are not property of the RHA and are therefore not included as part of the assets of the Board.

16. Joint Job Evaluation Reconsiderations

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal process. As a result, employees and employers filed appeals, and recommendations on these appeals were completed. Major disputes were heard before the JJE Dispute Resolution Tribunal (Tribunal). There still remains a number of individual issues that consist of recommendations that were not agreed to. Outcomes of the Tribunal resulted in further issues where additional classifications were created and duties of existing classifications were revised. A process to deal with the issues is being developed by a 3rd party. Dealing with some of these issues is expected to extend until 2011. The results of outstanding issues are currently unknown. The costs of these cannot be reasonably determined at this time.

**MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2009**

17. Change in Accounting Policy

"Capital Disclosures"

The RHA adopted the recommendations of the Canadian Institute of Chartered Accountants ("CICA") Handbook Section 1535, Capital Disclosures. This Section requires the disclosure of information about externally imposed capital requirements. The required disclosures are in Schedule 3.

Future Accounting Changes

Not-for-profit organizations

In November 2008, the CICA issued amendments to Section 1540, Cash flow statement, Section 1751, Interim financial statements, Section 4400, Financial statement presentation by a not-for-profit organization, Section 4430, Capital assets held by a not-for-profit organization, Section 4460, Disclosure of related party transactions by a not-for-profit organization and issued Section 4470, Disclosure of allocated expenses by a not-for-profit organization. The new standards will be applicable to interim and annual financial statements relating to fiscal years beginning on or after January 1, 2009. Accordingly, the RHA will adopt the new standards as of April 1, 2009.

Sections 1540 and 1751 have been amended to include not-for-profit organizations within their scope.

Section 4400 has been amended in order to eliminate the requirement to treat net assets invested in capital assets as a separate component of net assets and, instead, permit a not-for-profit organization to present such an amount as a category of internally restricted net assets when it chooses to do so. It also clarifies that revenues and expenses must be recognized and presented on a gross basis when a not-for profit organization is acting as a principal in transactions.

Section 4430 has been amended to specify that smaller organizations that capitalize their capital assets shall capitalize all classes of capital assets, amortize and write down those assets in accordance with relevant Handbook Sections.

Section 4460 has been amended to make the language in Section 4460 consistent with related party transactions, Section 3840.

Section 4470 establishes disclosure standards for a not-for-profit organization that classifies its expenses by function and allocates its expenses to a number of functions to which the expenses relate.

The RHA does not expect that the adoption of these new standards will have a material impact on its financial statements.

Schedule 1

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENSES BY OBJECT
For the Year Ended March 31, 2009

	Budget 2009	Actual 2009	Actual 2008 (Note 9)
Operating:			
Board costs	\$ 191,379	\$ 154,590	\$ 157,739
Compensation - Benefits	2,467,382	2,730,301	2,442,515
Compensation - Salaries	11,916,805	12,667,201	11,389,802
Diagnostic imaging supplies	21,300	17,830	17,932
Drugs	177,400	215,484	193,210
Food	174,322	190,225	160,228
Grants to ambulance services	721,336	762,905	721,336
Grants to third parties	325,433	511,197	490,563
Housekeeping and laundry supplies	22,700	33,103	21,540
Information technology contracts	54,500	45,548	43,714
Insurance	40,847	40,084	35,619
Interest	9,325	37,712	32,391
Laboratory supplies	121,700	131,950	106,934
Medical and surgical supplies	253,700	292,958	240,737
Medical remuneration and benefits	1,014,850	1,099,407	990,428
Office supplies and other office costs	287,619	305,669	270,319
Other	1,206,630	874,565	661,214
Other referred out services	413,410	291,907	39,620
Professional fees	135,455	227,551	128,506
Purchased services	638,097	859,918	672,735
Rent/lease costs	613,678	621,308	571,553
Repairs and maintenance	59,400	95,587	78,908
Service contracts	135,300	108,219	104,142
Travel	984,109	838,642	629,956
Utilities	363,540	314,823	347,474
	<u>\$ 22,350,217</u>	<u>\$ 23,468,684</u>	<u>\$ 20,549,115</u>
Restricted:			
Amortization		\$ 483,120	\$ 494,658
(Gain) on disposal of fixed assets		-	(100)
Other		147,464	16,687
		<u>\$ 630,584</u>	<u>\$ 511,245</u>

Schedule 2

**MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF INVESTMENTS
As at March 31, 2009**

	<u>Amount</u>
<u>Restricted Investments*</u>	
Cash and Short Term	
Chequing and Savings:	
Prince Albert Credit Union	\$ 13,251
Flin Flon Royal Bank	1,321
Flin Flon Credit Union	3,482
La Ronge CIBC	<u>876,377</u>
Total Cash & Short Term Investments	<u>\$ 894,431</u>
Long Term	
Province of Saskatchewan	\$ -
Total Long Term Investments	<u>\$ -</u>
Total Restricted Investments	<u>\$ 894,431</u>
<u>Unrestricted Investments</u>	
Cash and Short Term	
Chequing and Savings - CIBC	<u>\$ 2,522,587</u>
Total Cash & Short Term Investments	<u>\$ 2,522,587</u>
Long Term	
Province of Saskatchewan	\$ -
Total Long Term Investments	<u>\$ -</u>
Total Unrestricted Investments	<u>\$ 2,522,587</u>
Total Investments	<u><u>\$ 3,417,018</u></u>
Restricted & Unrestricted Totals	
Total Cash & Short Term	\$ 3,417,018
Total Long Term	\$ -
Total Investments	<u><u>\$ 3,417,018</u></u>

* Restricted Investments consist of: community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule of Externally Restricted Funds); and Ministry of Health has provided designated funding for capital expenditures. As a condition of this funding, the RHA is required to classify these funds as externally restricted in the Capital Fund (Note 2b(ii) and Schedule 3).

Schedule 3

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2009

<u>Trust Name</u>	Balance Beginning of Year	Investment & Other Revenue	Donation	Expenses	Withdrawals	Balance End of Year
La Ronge Home Care	\$ 8,991	\$ 1,520	\$ -	\$ -	\$ -	\$ 10,511
Weyakwin Home Care	2,073	-	-	(1,137)	-	936
Creighton Home Care	3,366	127	-	(10)	-	3,483
Sandy Bay Home Care	1,351	-	-	(30)	-	1,321
Pinchouse Home Care	2,592	52	-	(841)	-	1,803
Total Community Trust Fund	\$ 18,373	\$ 1,699	\$ -	\$ (2,018)	\$ -	\$ 18,054

Each trust fund has a "Trust Advisory Committee" which is appointed by the various towns, villages, hamlets and rural municipalities served by the pre-amalgamation agency. The trust funds are for the benefit of the rate payers of the various municipalities and shall be used for health related purposes. The committees have the power to establish rules and procedures and the majority decision of the committees shall be binding upon the Regional Health Authority with respect to use of the trust fund.

Schedule 3 – (continued)

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2009

CAPITAL FUND

	Balance Beginning of Year	Capital Grant Funding	Expenses	Balance End of Year
	(Note 9)			
Architectural Blueprints	\$ 10,978	\$ -	\$ -	\$ 10,978
Medical Equipment	30,455	-	-	30,455
Acute Care Medication Cart	4,031	-	4,031	-
Assessment Tables (4)	15,836	-	-	15,836
Electric Beds (4)	16,891	-	16,891	-
Antibiotic Pump (Safe IV Push Medication)	7,451	-	7,451	-
Pro-Paq Vital Signs/ECG Monitor	24,343	-	24,343	-
Air Compressor Units for Dental Drills	8,568	-	8,568	-
Dental Cart (PH)	6,144	-	6,144	-
Outdoor Lighting	6,000	-	-	6,000
Pinehouse Patient Room Renovations	5,000	-	-	5,000
Storage Building Temperature Sensor	5,000	-	-	5,000
CSR Renovations & Locking Drug Cabinet	4,673	-	4,673	-
Security System - Panic Buttons	6,372	-	-	6,372
Safety Lifting Equipment	142,102	-	138,680	3,422
Stock Dispensing System	-	5,000	-	5,000
Biological Incubator for Sterilizer	-	5,000	-	5,000
Sterilizer Temperature Range Monitor	-	8,909	-	8,909
Pediatric Equipment	-	20,623	20,623	-
Vaccine Fridge	-	4,000	-	4,000
Tympanic Hearing Loss Assessment Tool	-	7,283	7,283	-
IV Pumps	-	10,000	-	10,000
Centrifuge	-	4,555	4,555	-
Bed Pan Flusher	-	5,000	-	5,000
Ergonomic Chair (Diabetes Foot Care)	-	4,630	4,630	-
Acute Care Equipment	-	65,000	-	65,000
Increased Power Switches for Server Room	-	2,561	2,561	-
Spare 38 Port Switch	-	8,649	8,649	-
Upgrade Telehealth Equipment in La Ronge	-	5,016	5,016	-
Upgrade Buiding Network to Ethernet	-	8,773	-	8,773
IT Equipment	-	25,000	-	25,000
OHS Safety Capital Equipment	-	65,000	-	65,000
Block Funding	-	347,500	125,414	222,086
Total Capital Fund	\$ 293,844	\$ 602,499	\$ 389,512	\$ 506,831
 TOTAL EXTERNALLY RESTRICTED REVENUE	 \$ 312,217	 \$ 604,198	 \$ 391,530	 \$ 524,885

Schedule 4

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY RESTRICTED FUND BALANCES
For the Year Ended March 31, 2009

	<u>Balance Beginning of Year</u>	<u>Net Income Allocated</u>	<u>Transfer from Externally Restricted Fund Balance</u> (from unrestricted fund)	<u>Transfer to investment in capital asset fund balance</u>	<u>Balance End of Year</u>
Total Capital	<u>\$ 136,090</u>	<u>\$ 152,718</u>	<u>\$ 134,076</u>	<u>\$ 97,328</u>	<u>\$ 325,556</u>

Amounts represented in this schedule are donations to be used for capital purchases.

Schedule 5

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF BOARD MEMBER REMUNERATION
for the year ended March 31, 2009

BOARD MEMBER REMUNERATION
for the year ended March 31, 2009

RHA MEMBERS	RETAINER	PER DIEM	TRAVEL TIME EXPENSES	TRAVEL AND SUSTENANCE EXPENSES	OTHER EXPENSES	CPP	2009 TOTAL	2008 TOTAL
Joe Hordvski	\$ 1,512	\$ 1,572	\$ 288	\$ 405	\$ -	-	\$ 3,777	\$ -
Al Rivard	8,448	9,147	3,136	4,197	-	901	25,829	28,642
Al Loke	-	3,894	1,038	2,087	-	117	7,136	4,589
Charlene Logan	-	2,200	2,488	4,088	-	10	8,786	10,935
Ida Ratt Natomagan	-	3,359	2,196	3,587	-	157	9,299	8,406
Ina Fietz-Ray	-	651	620	1,014	-	-	2,285	-
Josie Searson	-	4,969	1,366	2,930	-	166	9,431	5,824
Larry Beatty	-	912	1,099	1,793	-	-	3,804	5,071
Leon Charles	-	873	499	872	-	-	2,244	-
Louise Wiens	-	3,571	390	758	-	-	4,719	5,539
Mary Denechezhe	-	3,333	3,751	6,620	-	322	14,026	16,873
Peter J. Bear	-	3,465	4,005	6,337	-	234	14,041	10,367
Ron Woytowich	-	3,425	844	1,500	-	45	5,814	4,872
Tammy Cook-Searson	-	-	-	-	-	-	-	1,499
William Dumais	-	2,311	2,332	3,742	-	126	8,511	7,942
TOTAL	\$ 9,960	\$ 43,682	\$ 24,051	\$ 39,931	\$ -	\$2,078	\$ 119,702	\$ 110,559

Schedule 5 - (continued)

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF
SENIOR MANAGEMENT SALARIES, ALLOWANCES, BENEFITS AND SEVERANCE
For the year ended March 31, 2009

Senior mngt	2009					2008		
	Salaries ¹	Benefits and Allowances ²	Sub-total	Severance Amount	Total	Salaries, Benefits & Allowances ^{1,2}	Severance	Total
Kathy Chisholm, CEO	\$ 133,822	\$ 16,429	\$ 140,251	\$ -	\$ 140,251	\$ 132,931	\$ -	\$ 132,931
Barb Biliske, Exec Director Acute and Continuing Care	11,595	1,972	13,565	-	13,565	114,312	-	114,312
Kenneth Kowalczyk, CFO	94,619	13,146	107,765	-	107,765	99,422	-	99,422
Susan Halland, Director of Human Resources	89,789	13,083	102,872	-	102,872	99,501	-	99,501
Teresa Watt, Director of Quality, Safety & Health Info Services	642	57	699	-	699	93,057	-	93,057
Cindy Grewal, Quality & Safety	72,795	14,355	87,150	-	87,150	-	-	-
Donna Stockdale, Director of Population Health Unit	97,120	17,743	114,863	-	114,863	111,542	-	111,542
Leah Sandercock, Director of Risk Management	-	-	-	-	-	23,077	84,693	107,770
Curtis Skaliczyk, Director of Information Systems	82,420	9,483	91,903	-	91,903	45,192	-	45,192
Linda Mikolajenko, Director of Communications	72,347	11,302	83,649	-	83,649	85,678	-	85,678
Brenda Mishak Beckman, Director of Primary Care	112,674	14,873	127,547	-	127,547	116,890	-	116,890
Wayne Kuffner, Director of APRS	88,151	12,490	100,641	-	100,641	87,014	-	87,014
Sharyn Smann, Director of Mental Health	94,092	13,923	107,955	-	107,955	92,528	-	92,528
Total	\$ 940,004	\$ 138,856	\$ 1,078,860	\$ -	\$ 1,078,860	\$ 1,101,144	\$ 84,693	\$ 1,185,837

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration.

2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of an automobile, cell-phone, computer, etc. As well as any other taxable benefits.

Appendix A

2008-2009 RHA PERFORMANCE MANAGEMENT DASHBOARD	
Patient/Client	
Communications	Key activities undertaken by RHA to address public confidence were reported on a quarterly basis.
Financial	
Financial Operations	Deficit: \$401,789 Deficit as a percentage of actual operating expenditures: 1.7% Number of days able to operate with working capital: (5.81) Expenditures in program support funding pool as a percentage of total RHA operating expenditures: 11.5%
Access to Quality Health Services	
Alcohol and Drug Programs and Services	Average wait time for admission to alcohol and drug outpatient services: 3.2 days Average wait time for admission to alcohol and drug inpatient services: 20.6 days Average wait time for admission to alcohol and drug detoxification services: 1.1 days
Primary Health Care Services	Percentage of RHA population with geographic proximity to primary health care teams: 100% Number of discrete clients receiving primary health care services in the RHA: Q-1: 4,521; Q-2: 4,833 Q-3: 4,231 Q-4: 4,948 Number of persons receiving a service from HealthLine for the RHA: 2,310
Business Continuity	RHA is progressing towards adopting and preparing business continuity plans: Established Emergency Planning Officer position
Providers	
Workplace	Number of sick leave hours per full time equivalent (FTE) by affiliation: SGEU: 81.76 HSAS: 77.41 OOS: 52.49 SUN: 71.94 Number of lost-time WCB claims per 100 full time equivalents (FTEs): 2.95 Number of lost-time WCB days per 100 full time equivalents (FTEs): 133.1

Appendix B

Partnerships

"Together in Wellness" is more than just a slogan for the Mamawetan Churchill River Health Region. Working together with other individuals and organizations is critical to achieving our mandate, and to contributing to the well-being of the larger community. Following are some of the partnerships our health region is engaged in.

Children North - Early Childhood Intervention Program (ECIP)

Children North - Early Childhood Intervention Program (ECIP) is one of 16 agencies in Saskatchewan providing family centered and home based early childhood intervention support. Children North provides services to families in La Ronge, Grandmother's Bay, Sucker River, Hall Lake and Pinehouse. ECIP families have children with special and specific needs and who are not yet enrolled full time in school. ECIP's support to families is based on the families' needs and may include:

- Access to information about children with disabilities, developmental delays and or behavioural concerns. The child may be affected by Fetal Alcohol Spectrum Disorder, chromosomal anomalies, neurological or genetic disorders, congenital malformations, other spectrum disorders, chronic medical illnesses, etc.;
- Regular home visits to complete screening for developmental milestones, and provide information on parenting and disabilities;
- Coaching on strategies to enhance the child's development, and the relationship between parent and child and community;
- Service coordination, case management, referral to other supports;
- Accompaniment to local and regional medical appointments, research and advocacy.

Self referrals are accepted, and all services, including access to the toy and resource lending libraries are free. For more information contact the ECIP Director at 306-425-6600.

The New Beginnings Family Intervention Program of the Mamawetan Churchill River Health Region partners with Children North - Early Childhood Intervention Program to provide intervention and prevention services to address Fetal Alcohol Spectrum Disorder (FASD) issues.

Community Advisory Networks

Community Advisory Networks are established by the Regional Health Services Act. They consist of volunteers from our various communities who assist the Health Authority to understand the needs, preferences and priorities of the people and communities, and advise the Authority on broad issues. If you wish to join a Community Advisory Network, or would like more information, please contact the Director of Communications at 306-425-2422.

Community Vitality Monitoring Partnership

Working with northern communities, health and education agencies, the Northern Mines Monitoring Secretariat, as well as industry (Areva and Cameco), this partnership involves the development of monitoring process for social impacts of various developments in northern Saskatchewan. Mamawetan Churchill River Health Region is represented on the Steering Committee by the Medical Health Officer. A recent initiative involved a survey to review social impacts (and recommendations for mitigation) of the 7-in/7-out work schedule for miners from northern communities. A review of the challenges for far northern communities in the area of high school education was also conducted.

Creighton Alcohol and Drug Abuse Council (CADAC)

CADAC is an incorporated Health Care Organization with its own Board of Directors. Through a funding agreement with the Mamawetan Churchill River Health Region, it provides addictions prevention and intervention services to residents in Creighton and surrounding areas.

CADAC has initiated a number of programs and is involved in a variety of committees within the community.

CADAC may be reached by calling 306-688-8291.

Creighton Interagency Committee

The Mamawetan Churchill River Health Region is one of a number of groups that make up the Creighton Interagency Committee. The committee members work together to address community needs.

Creighton School Division

Creighton Community School is part of Creighton School Division #111. The Mamawetan Churchill River Health Region dental program is located at the school, and MCRHR public health nurses provide immunizations and educational programs.

First Responders

First Responders are registered volunteers who have successfully completed a first responder training program. They are dispatched to an emergency only after the local ambulance service has been notified. In the Mamawetan Churchill River Health Region, first responders are based in Grandmother's Bay, Sucker River, Hall Lake, Weyakwin, Sandy Bay and Pinehouse Lake. This program operates in partnership with the Lac La Ronge Indian Band Health Services, which pays for the original training and equipment. The health region, through a first responder facilitator, ensures the first responders are registered and arranges for regular in-services.

Flin Flon Ambulance

Through a funding agreement with the health region, Flin Flon Ambulance staff provide ambulance services in the Creighton, Denare Beach, Deschambault Lake and Sandy Bay areas.

Hatchet Lake First Nation Health Services

Located at a Health Centre in Wollaston Lake, and funded through Health Canada, the Hatchet Lake First Nations Health Services provides health care to residents of the area. The Mamawetan Churchill River Health Region collaborates with their staff in the interests of common clients.

Health Quality Council

The Health Quality Council (HQC) is an independent agency that measures and reports on quality of care in Saskatchewan, promotes improvement, and engages its partners in building a better health system. The Mamawetan Churchill River Health Region has participated in a number of HQC initiatives including the Chronic Disease Collaborative, Quality as a Business Strategy, discharge planning and a patient experience survey.

J.A. Steyn Professional Medical Corporation

Through funding agreements, the J.A. Steyn Professional Medical Corporation provides physician services to the Mamawetan Churchill River Health Region at Sandy Bay and to the Peter Ballantyne Cree Nation Health Services, Inc. at Pelican Narrows and Deschambault Lake.

Jeannie Bird Clinic - see Lac La Ronge Indian Band Health Services

Kids First North

Kids First is a program that helps families to become the best parents they can be and to have the healthiest children possible. The program enhances knowledge, provides support, and builds on family strengths.

The Mamawetan Churchill River Health Region is a partner in this initiative. The region provides prenatal referral and support; in-hospital screening; breastfeeding support and encouragement; assessment; and home visiting services in La Ronge.

Through Mental Health Services, we partner to provide a mental health and addictions Team and Family Counsellor to KFN families and staff in the communities of La Ronge, Sandy Bay and Pinehouse.

Kikinahk Friendship Centre

The Kikinahk Friendship Centre is located in La Ronge. Health Region staff collaborate with Kikinahk program staff on committees such as the Pre Natal Baby Friendly Committee and projects relating to sexual health.

La Ronge and Area Fetal Alcohol Spectrum Disorder (FASD) Prevention Team

A number of partner agencies, including the health region, comprise the FASD Prevention Team in La Ronge and area with the following commitment: to empower our communities to live healthy lifestyles to prevent FASD; to empower our communities to support pregnant women in their efforts to eliminate prenatal alcohol consumption; and to provide support for those living and working with FASD. Each year, the team holds an event to mark International FASD Day on September 9.

La Ronge Emergency Medical Services (EMS)

La Ronge EMS is a privately-owned company. Through a funding agreement with the health region, La Ronge EMS staff provide ambulance services in the La Ronge area.

La Ronge Medical Clinic

A nurse practitioner, employed by the health region, works in partnership with the staff at the La Ronge Medical Clinic. The La Ronge Medical Clinic is located on La Ronge Avenue along the shore of Lac La Ronge and is a university affiliated teaching practice operated by the Northern Medical Services division of the Department of Academic Family Medicine of the University of Saskatchewan. There are eleven physicians and an administrative support team, in addition to the nurse practitioner.

The clinic offers medical services for scheduled appointments, minor emergency services, health counseling and regular visiting specialist clinics to the people of La Ronge and the neighbouring communities.

Physicians also provide services to the La Ronge Health Centre Emergency, Outpatients, Acute Care, and Long Term Care departments. As well, regular clinics are scheduled at Wollaston Lake, Stanley Mission, Pinehouse and Southend.

The phone number for the La Ronge Medical Clinic is 306-425-2174. Hours are Monday through Friday from 9:00 a.m. to 5:00 p.m.

La Ronge Ministerial Association

On a voluntary basis, clergy in La Ronge provide a chaplaincy service to patients at the La Ronge Health Centre and residents of Nikinan (Long Term Care). As well, members of the Ministerial Association take turns conducting worship services in Nikinan on Sundays and special occasions.

Lac La Ronge Indian Band Health Services

Headquartered at the Jeannie Bird Clinic on Far Reserve, the Lac La Ronge Indian Band Health Services provide a wide range of health services for members of the Lac La Ronge Indian Band. Health Clinics are also located in Grandmother's Bay, Hall Lake, Sucker River and Little Red River.

The Mamawetan Churchill River Health Region collaborates with Lac La Ronge Indian Band Health Services on committees such as the Pre Natal Baby Friendly Committee and National Addictions Awareness Week, and in the training of first responders.

The Jeannie Bird Clinic may be contacted by calling 306-425-3600.

New North - Saskatchewan Association of Northern Communities Services Inc.

New North is comprised of 35 member communities with the goal of enhancing the quality of life for northern people within the Northern Administration District of Saskatchewan. Mamawetan Churchill River Health Region staff collaborate with the various councils in emergency planning and in training programs for municipal workers.

NOR-MAN Regional Health Authority

The NOR-MAN Regional Health Authority is located in northern Manitoba. In addition to providing services to that area of the province, it also provides services at Flin Flon General Hospital to approximately 8,000 residents of NE Saskatchewan from the communities of Creighton, Denare Beach, Deschambault Lake, Pelican Narrows, Sandy Bay, and Sturgeon Landing. A funding agreement for the provision of these services exists between the two provinces. Al Rivard, a member of the Mamawetan Churchill River Regional Health Authority, also serves on the Board of the NOR-MAN RHA.

North Sask Laundry & Support Services LTD

North Sask Laundry is a non-profit organization whose purpose is to provide linens for the following health regions: Kelsey Trail, Prairie North, Prince Albert Parkland and Mamawetan Churchill River. In 2008-09, MCRRHA Board Member Charlene Logan sat on the Board of North Sask Laundry, and the region is represented on committees by staff.

North Sask Special Needs Housing, Employment, Recreation, Inc. (NSN)

NSN works to provide enhanced opportunities for people with disabilities to have safe and appropriate housing, meaningful employment, and rewarding recreational activities. Special needs can result from physical or mental disabilities. The non-profit organization is based in La Ronge and acts as a service delivery agent for programs funded by the health region. NSN may be reached by phone at 306-425-4990 or email at: nsn.laronge@sasktel.net

Northern Antibiotic Resistance Partnership

The Northern Antibiotic Resistance Partnership (NARP) is comprised of a team of community members, healthcare professionals, educators and research scientists (four health regions, seven communities, five First Nations health organizations, Public Health Agency of Canada, National Laboratory of Microbiology, Saskatchewan Disease Control Laboratory) working in partnership to study antimicrobial resistant bacteria causing infections in northern communities. The Population Health Unit and Director of Primary Health Care represent the Mamawetan Churchill River Health Region on this team. Some of the initiatives include a social marketing campaign and curriculum components for schools

Northern Inter-Tribal Health Authority

The mission of the Northern Inter-Tribal Health Authority (NITHA) is to provide professional support, advice and guidance to its partners (the Prince Albert Grand Council, the Meadow Lake Tribal Council, the Peter Ballantyne Cree Nation, and the Lac La Ronge Indian Band), enabling them to better meet the health needs of their communities. The Mamawetan Churchill River Health Region collaborates with NITHA in initiatives such as the Northern Health Strategy, Northern Pandemic Forum and Northern Antibiotic Resistance Partnership.

Northern Health Authorities Co-management Partnership Committee

The three northern health authorities, the Athabasca Health Authority, the Keewatin Yatthé Regional Health Authority and the Mamawetan Churchill River Regional Health Authority, are signatories to a Memorandum of Understanding establishing the Northern Health Authorities Co-management Partnership Committee (NHACPC). The goal of the NHACPC is to improve the health and well-being of the people of northern Saskatchewan by working together in the development of healthy public policy and providing a strong northern voice for various provincial health and other intersectoral initiatives and programs. The objective is also to collaborate, when appropriate, in delivering efficient and cost-effective health programs across the north. One major collaborative initiative is the Population Health Unit, with components which have a north-wide legislative function for the Public Health Act, such as environmental health and communicable disease monitoring.

Northern Health Strategy

The Northern Health Strategy works towards addressing some of the challenges faced by health organizations in Northern Saskatchewan. These include jurisdictional complexities in service delivery; diseconomies of scale; human resource issues (recruitment and retention difficulties); geographic dispersion, small population, and small community size (often remote/isolated). The Mamawetan Churchill River Health Region is the accountable partner with respect to federal and provincial funding. The Chief Executive Officer of the health region co-chairs the Northern Health Strategy Working Group.

Northern Healthy Communities Partnership

The Northern Health Communities Partnership (NHCP) evolved from the Northern Diabetes Coalition. As part of a north-wide population health promotion strategy, NHCP has

representation from a variety of sectors (education divisions, recreation, etc.) throughout the North, including the Mamawetan Churchill River Health Region. Currently, NHCP initiatives are led by the Active Communities Team, the Healthy Eating Team, and a Literacy Advisory Committee responsible for the *Babies, Books and Bonding* program. NHCP is also a vehicle for networking on other health promotion initiatives related to substance abuse and mental well-being.

Northern Human Services Partnership

The Northern Human Services Partnership's mandate is to "provide a forum for the planning and delivery of integrated human services for Northern people". Membership is open to anyone that is interested; the Executive is formed by members of provincial ministries, non-profit organizations, and third-party organizations. First Nations and federal agencies are also part of the membership. The work is determined by both the membership and by provincial government. Examples of provincial work would be the work done to develop and implement Cognitive Disabilities Strategy in La Ronge and area, and the adjudication of grants that result in the dissemination of almost \$.5 million in provincial grants each fiscal year. The Community Reference Panels are an example of northern-identified work that the Partnership participates in with other stakeholders. In 2008-09, Ron Woytowich represented the Mamawetan Churchill River Regional Health Authority. Region staff also participate. For further information, contact the coordinator, Karen Eckhart, by calling 306-425-6640.

Northern Labour Market Committee

The mandate of the Northern Labour Market Committee is to identify and assess emerging labour market and economic development issues in northern Saskatchewan and recommend or initiate actions that will enable residents to benefit from training, employment, and economic activities in their region. The Mamawetan Churchill River Health Region participates in the Northern Health Sector Training Sub-Committee.

Northern Lights School Division #113

The majority of schools in the Mamawetan Churchill River Health Region fall under the jurisdiction of the Northern Lights School Division. The region collaborates with the various schools to provide dental services, immunizations and educational programs. A Sexual Wellness Coordinator works in partnership with the teachers in La Ronge to offer education, information and skills training to students about all aspects of human sexuality.

Northern Medical Services

Northern Medical Services is a division of the Department of Academic Family Medicine of the University of Saskatchewan. NMS is responsible for staffing the La Ronge Medical Clinic and ensuring that there are physicians to provide the necessary services in La Ronge and the communities of Wollaston Lake, Stanley Mission, Pinehouse and Southend.

Northern Mines Monitoring Secretariat (NMMS)

The NMMS is a body of federal and provincial ministries, agencies and departments and the three northern health authorities including Mamawetan Churchill River Health Region (through the Medical Health Officer) to facilitate assessment and monitoring initiatives of uranium mines as well as to support Northern Environmental Quality Committees.

Northern Pandemic Forum

The Mamawetan Churchill River Health Region participates in the Northern Pandemic Forum, along with the Saskatoon Health Region, Prince Albert Parkland Health Region, Prairie North Health Region, Kelsey Trail Health Region, Athabasca Health Region, Keewatin Yatthé Health Region, Heartland Health Region, Northern Inter-Tribal Health Authority, and representatives from First Nations & Inuit Health. The purpose is to allow for collaborative planning and mutual support in preparation for a pandemic influenza.

Northlands College

Northlands College is a publicly funded regional college with campus centres located in La Ronge, Buffalo Narrows and Creighton. The Mamawetan Churchill River Health Region collaborates with the college to deliver programs such as the Health Careers Access program, the Special Care Aide and Licensed Practical Nurse training programs. The region provides training space at the La Ronge Health Centre and practicum work placements.

Nursing Education Program of Saskatchewan (NEPS)

NEPS is a partnership of SIAST's Nursing Division, the University of Saskatchewan's College of Nursing and the First Nations University of Canada, Northern Campus. The Mamawetan Churchill River Health Region provides opportunities for clinical practicum placements for nursing students.

Other Health Regions/Service Providers

In alphabetical order, here is a list of other health regions and other health service providers in Saskatchewan, and the links to their websites:

- [Athabasca Health Authority](#)
- [Cypress Health Region](#)
- [Five Hills Health Region](#)
- [Heartland Health Region](#)
- [Keewatin Yatthé Health Region](#)
- [Kelsey Trail Health Region](#)
- [Prairie North Health Region](#)
- [Prince Albert Parkland Health Region](#)
- [Regina Qu'Appelle Health Region](#)
- [Saskatchewan Cancer Agency](#)
- [Saskatoon Health Region](#)
- [Sun Country Health Region](#)
- [Sunrise Health Region](#)

Peter Ballantyne Cree Nation Health Services Inc.

Through a funding agreement with the health region, the Peter Ballantyne Cree Nation Health Services Inc. provides ambulance services in the Pelican Narrows area.

Peter Ballantyne Cree Nation Health Services Inc. also has health centres in the communities of Pelican Narrows, Deschambault Lake, Sturgeon Landing and Southend. The Mamawetan Churchill River Health Region collaborates with their staff in the interests of common clients.

Pinehouse Interagency Committee

The Mamawetan Churchill River Health Region is one of almost 25 groups that make up the Pinehouse Interagency Committee. The committee members work together to address community needs. The organization was a 2008 recipient of the Northern Health Excellence Award for Partnership Development.

Pre-Natal Baby Friendly Committee (La Ronge)

In La Ronge, the Mamawetan Churchill River Health Region works with other organizations to ensure that pregnant women and families with babies receive the information and support they need to give their babies a healthy start in life. The committee hosts an annual Breastfeeding Walk, several prenatal gatherings, a Mothers' Social Circle, and educational sessions for professionals.

Sandy Bay Interagency Committee

The Mamawetan Churchill River Health Region is one of a number of groups that make up the Sandy Bay Interagency Committee. The committee members work together to address community needs.

Saskatchewan Ministry of Environment

Mamawetan Churchill River Health Authority partners closely with the Saskatchewan Ministry of Environment on a wide variety of initiatives such as reviews of environmental impact assessments, the assessment of human health risks in a variety of communities from contaminated sites, the health risk assessments of country food and joint training for municipal workers.

Saskatchewan Ministry of Health

The health region works closely with the Saskatchewan Ministry of Health and receives operational and capital funding through the Ministry. As well, the Ministry provides central coordination of program delivery.

Saskatchewan Organization of Health Organizations (SAHO)

SAHO is a non-profit, non-governmental association of health agencies. It provides its more than 150 members with leadership, services and a common voice. Divisions include Employee Benefits, Finance & Administrative Services, Labour Relations, Materials Management Services, Member Relations & Communications, Information Services and Workplace Health, Safety & Education Services. In 2008-09, Louise Wiens represented MCRRHA on the SAHO Board.

Stanley Mission Health Services

The First Nations organization, Stanley Mission Health Services, serves the residents of the community of Stanley Mission. The Mamawetan Churchill River Health Region collaborates with their staff in the interests of common clients.

Town of La Ronge

With provincial funding, the Town of La Ronge purchases and maintains a Handivan for the use of Health Region homecare and social wellness programs.

Volunteers

The La Ronge Health Centre has a volunteer program that coordinates the time, talents and energy of volunteers to complement the work of staff and other community services. Volunteers are valued members of the team and provide assistance in a number of areas: Meals on Wheels, Friendly Visiting, Dial-a-friend, Activities, Wellness Clinics, Transportation, Palliative Care, Phoning Tree and Gift Shop. Volunteers may read and record the local newspaper or bake for various functions. A special effort is made to provide youth in the community with volunteer opportunities. For more information, contact the Volunteer Coordinator at 306-425-4803.



